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THE NEW AND MORE OPEN OUTLOOK FOR THE MENTALLY RETARDED.

BY- KELLY, ELIZABETH M.
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THE PROCEEDINGS OF THIS 1965 WORKSHOP ON MENTAL RETARDATION ARE PRESENTED AS A COLLECTION OF NINE PAPERS AND SUMMARIES OF THREE SEMINAR DISCUSSIONS. IN THE INTRODUCTION, MAYNARD C. REYNOLDS DISCUSSES "THE NEW AND MORE OPEN OUTLOOK FOR THE MENTALLY RETARDED." OTHER PAPERS ARE (1) "THE IMPACT OF FEDERAL LEGISLATION ON DEVELOPMENT OF COMPREHENSIVE PROGRESS FOR THE MENTALLY RETARDED" BY ELIZABETH M. BOGGS, (2) "FOSTERING INDEPENDENT, CREATIVE THINKING IN EDUCABLE MENTALLY RETARDED CHILDREN" BY HERBERT GOLDSTEIN, (3) "INFLUENCE OF CHANGES IN EDUCATION ON THE MENTALLY RETARDED AND THE RESULTANT SOCIAL EXPECTANCIES" BY KIRK SEATON, (4) "INNOVATIONS IN CURRICULUM DEVELOPMENT FOR THE MENTALLY RETARDED" BY ROZELLE MILLER, (5) "EMOTIONAL DISTURBANCES IN JUVENILES" BY RALPH BRANCALE, (6) "THE ADMINISTRATION OF A SCHOOL PROGRAM FOR THE MENTALLY RETARDED" BY KUHN BARNET, (7) "SHELTERED AND COOPERATIVE PROGRAM FOR THE MENTALLY RETARDED AS A GUIDE TO 'INDEPENDENT LIVING' BY AUTHUR BIERMAN, AND (8) "REHABILITATION PROBLEMS OF THE MENTALLY RETARDED" BY HERBERT RUSALEM. SEMINARS SUMMARIZED ARE ON FEDERAL LEGISLATION AND REALISTIC CURRICULUM PLANNING, NEWER CONCEPTS IN MENTAL RETARDATION, AND REHABILITATION. THE APPENDIX LISTS 54 PARTICIPANTS. THE REFERENCE LISTS CITE 43 ITEMS. THIS DOCUMENT WAS PUBLISHED BY THE CATHOLIC UNIVERSITY OF AMERICAN PRESS, WASHINGTON, D.C. 20017. (DF)

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Elizabeth M. Kelly, Ph.D.

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INTRODUCTION

THE NEW AND MORE OPEN OUTLOOK FOR THE MENTALLY RETARDED

by

Maynard C. Reynolds

We meet for this workshop at a time when a very great change in outlook is taking place concerning mental retardation. From a rather pessimistic view of the potentialities of persons we call mentally retarded, there is movement toward what I shall call a much more open view. J. McV. Hunt, in his very important recent book,[1] tells us that the view of intelligence as fixed and immutable held firm in this country from about the turn of the century through World War II. Since that time a more open attitude has been developing.

One of the clearest indications of change is in the definitions of mental retardation. In the past, definitions of mental retardation commonly included the concept of the essential incurability of the condition. In more recent definitions, as in the official AAMD manual, that concept is omitted.[2]

I want to consider with you today the research and theoretical background for this change. William Sloan has helped us understand some of the associated social and historical events and trends.[3] He points out that although there was much social improvement for those who were in underprivileged positions in the early part of this century -- through child labor legislation, women suffrage, sweatshop legislation, etc. -- this was not a productive period insofar as treatment of the mentally retarded is concerned. He cites three factors which might have influenced the specific neglect of the mentally retarded in that period: first, the high emphasis which was given at that time to the genetic determinants of mental retardation; second, the false association and resulting stigma which had been encouraged in the public view between delinquent behavior and mental retardation; and third, the idea that the mentally retarded did not or could not improve or learn. Each of these ideas had its associated social action. For example, the early 20th Century was a period of much emphasis upon sterilization and segregation of the mentally retarded. Sloan believes that many of the misconceptions of the early part of the century have been overcome and that, in the period following the great distraction of World War II, we have been engaged in a catch-up kind of activity regarding the mentally retarded. My aim is not to discuss current developments in these broad historical terms, but I feel some compulsion to touch upon them here in an introductory way.

Similarly, I feel that no statement about the changing outlook concerning the mentally retarded can neglect the organized parent movement. The associations for retarded children have insisted that "retarded children can be helped." They have played and replayed that theme and helped in innumerable instances to turn it from mere slogan to practical programmatic form. The parents associations have provided the basic catalyst, I believe, for much of the progress and interest in the field.

A complete story also would need to include much more than I am able to say about the bio-medical aspects of mental retardation. I think we are all aware of certain developments in medical sciences which have encouraged an optimistic spirit. But because of my background I shall speak mainly of educational and behavioral aspects of mental retardation.

The basic question which I shall consider with you is this: what is the research background of the shift toward a more open view? I shall discuss several categories of research and theory and then indicate a few implications.

Nature-Nurture Studies

In recent years we have been witness to the resurrection of some of the old research on heredity vs. environment or nature vs. nurture. For example, Heber in his chapter on the educable retarded in the Kirk and Weiner volume, given opportunity to review the most significant studies in all of the behavioral sciences, chose to review a number of nature-nurture studies of the 1930's.[4] Similarly, J. McV. Hunt's book includes a review of many of the old Iowa studies.[5]

More specifically, we observed a re-run on the Skeels study.[6] A group of retarded children was sent from an orphanage to an institution where they were given intensive care by retarded adolescent girls. Their development was compared with that of children who were held in the orphanage. Those who received the attention and care by the retarded females showed quite an increase in IQ, while the contrast group showed a decline in measured intelligence.

Another example is the adoptive home studies. For example, Skodak and Skeels demonstrated that children who were placed for adoption tended to maintain a level of functioning similar to that of the adoptive family, even if they came from quite inadequate backgrounds.[7] Another example is the Spear study which shows a decrease in the IQ of children of retarded mothers as a function of age.[8] Apparently the longer the children live with the retarded mother, the more retarded they become so the IQs of the little ones are higher than those of the older children.

We are much more sophisticated now about nature-nurture research than we were several decades ago when these several studies were started. We appreciate now that heredity and environment are not opposing forces but always act together. Recent reviews, however, stress that although the early studies of nature-nurture were faulty in many respects, the total weight of the evidence suggesting that the importance of environmental determinants of functioning intelligence, cannot be neglected. This general trend in interpretations has been a factor in the more open view.

The Psychology of the Empty Organism

Another of the influences, I believe, is a resurgence of the psychology of the empty organism -- the view that behavior can be understood in terms of the surface of things -- stimuli and observable behavior. Professor Skinner and those associated with him have generated some of the openness and optimism we see about us. McClelland has classed them with missionaries in believing that behavior can be changed if you just define the response carefully and control the environment so as to influence the probability of response occurrence and keep at it. You see that this is a strongly environmentally oriented theme.

Skinner says that as we observe behavior, we judge some of it to be intelligent and other behavior to be less intelligent. But we have a tendency, he says, to let the adjective become the noun. And so before long we begin to speak in terms of *intelligence* -- the noun. And then we speculate about what determines the level of intelligence. A common result is the view that intelligence is set, in part, by genetic determinants -- but modifiable by some amount through environmental influence.

On the contrary, Bijou, for example, finds little need for such a construct as intelligence. He says simply that "a retarded individual is one who has a limited repertory of behavior evolving from interactions with his environmental contacts which constitute his history."[9] No central processes are inferred, simply because they are unnecessary. A psychology of behavior requires no variables operating within the "little black box." All except behavior is surplus and probably misleading as to explanatory power.

Many practical workers have turned to Skinnerian direct behavior modification techniques. It appeals to practitioners. Simply define the responses you wish to be made and apply techniques to shape them and control their emission. Some feel that they knew about Skinner before Skinner did because it seems quite simple. But the careful student finds himself involved in a highly systematic business.

Leading scholars in the field have themselves turned their attention to highly practical affairs -- Skinner and his programmed learning, for example. Bijou had the courage a few years ago to launch an experimental classroom in which a kind of total operant push is tried. He reported early results, which were quite encouraging, to the CEC Convention in late April of this year (1965).

Workers of this persuasion are also engaged in somewhat deeper research efforts. It is believed that if children simply experience an inadequate reinforcement history they may be developmentally retarded -- or have a limited repertory of behavior. And so research workers are seeking to design methods by which we may understand the reinforcement functions of the retarded. Orlando, at the University of Minnesota, for example, has been operating a laboratory at the Cambridge State Hospital, investigating reinforcement functions among the retarded.

Ogden Lindsley takes what seems to me a rather extreme position in this realm of things. He says that

> The physiologically handicapped are actually behaviorally handicapped with deficits limited to effector or receptor function. However, higher-order forms of behavioral handicaps exist. Examples are discrimination and differentiation deficits, contingency and reinforcer deficits, and reflex integration disorders. These higher-order deficits are now lumped under the categories of mental retardation, brain damage or psychosis.[10]

This suggests that investigation of deficits in discrimination and reinforcement functions and the like may be the central research area in the field.

Lindsley is not a pessimist. He believes that, although we don't know yet how to do it very well, we should proceed to discover prostheses for the higher-order deficits, just as we have prosthetic devices for physical handicaps. He says: "Children are not retarded, only their behavior in average environments is sometimes retarded. In fact, it is modern science's ability to design suitable environments for these children that is retarded."[11] He goes beyond this, in fact, to suggest that the handicapped person may have certain deficiency-produced superiorities because of less response competition, easier career choice, lowered thresholds and less behavior to be extinguished.

The central procedure of the behavior modifiers ala Skinner is free-operant conditioning. It is free because the individual is free to do whatever he wishes in whatever environment is involved. It is operant because it involves emitted or volitional behavior influenced by its consequences or reinforcement. It may be contrasted with respondent behavior which is controlled by its precursors.

Somewhat related and I believe also a growing influence upon the "openness" of views toward the retarded is the work of Professor O. K. Moore involving what he calls "autotelic responsive environments."[12] A responsive environment is like the free operant situation in that it permits the learner to explore freely. And it is consistent with Skinnerian principles in that it informs the learner about consequences of his actions immediately and is self-pacing. It may be different in that it permits and encourages discovery of relationships of various kinds. In the autotelic responsive environments there are no tokens or m & ms. The reinforcements, if any, are intrinsic and that is what makes it "autotelic."

The best known specific technique developed by Moore is the procedure for teaching children reading and certain related skills. He has worked with children as young as three and four years of age. They are given opportunities to explore an environment which includes electric typewriters, and as they punch the keys a response pattern (calling off names of letters) is provided either by teachers or automated procedures. Gradually the children learn to read, to dictate stories, to take stories off dictating machines, and to type. In the process it becomes quite apparent that the children do discover subtle relationships which are useful to them in their learning.

The remarkable achievements of young children under Moore's setup suggests a need to be open concerning the capacities for specific learning of very young children. We may anticipate application of principles involved in the field of special education.

Cognitive Theories

We have just reviewed several viewpoints which are obviously strongly oriented to environmental influences upon behavior and which stress peripheral processes as contrasted with views which stress more central processes.

The work of Professor Donald Hebb may be cited as a contrast to the empty organism theories. His work carries a strong biological emphasis and a strong emphasis upon central cognitive processes. Yet he is one of those who has strongly emphasized the importance of experience, especially early experience, in the development of functional intelligence.

Hebb defines intelligence as "a capacity based on central processes, hierarchically arranged within the intrinsic portions of the cerebrum."[13] This definition takes one inside the little black box in a way that psychologists of the "empty organism" find uncomfortable, indeed unnecessary. Hebb and others like him, however, insist that we should not forget that the human is a biological organism. They insist that even if the environment is quite constant for a number of individuals, individual differences in intellectual functioning are very great. They point out that behavior is not fully controlled or explicable by the sensory stimulation of the moment. The brain is continuously active, they say, and thus sensory input is always super-imposed upon autonomous brain activity.

There are two ways of thinking about intelligence, according to Hebb. His reference to intelligence "A" and intelligence "B" has become quite common. By intelligence "A" he refers to a definitely innate capacity influenced by heredity and diminished by brain injury. By intelligence "B" he refers to functioning intelligence, that which is markedly influenced by experience.

Only by intelligence "B" can we get at and measure directly but it is meaningful to speak of an intelligence "A," he says.

Hebb considers himself a cognitivist and a part of what he calls a revolution in psychology -- a revolution in the sense that a sharp turn has been made toward concern for complex human psychological functioning. He sees a strong trend and need to apply the rigorous behavioristic methods to studies of higher processes of the mind.

Some of the most fundamental and influential work by cognitive psychologists has been by Piaget. He has described the sequential development of intellective processes in children. Learning appears throughout the processes. Many workers in this country believe that we are on the verge of new methods of measurement of intelligence -- with emphasis upon processes and levels -- rather than what some consider to be the present practice of hodge-podge combining of right answers to diverse questions as in the Binet test. There is also growing conviction that perhaps we can discover methods for work with very young children which have favorable permanent effects upon cognitive styles and abilities. The work of Kagan, Brown, Bruner, Kessen, and others in the burgeoning centers for research on cognitive processes is encouraging. The practical efforts of Kirk and Gray with preschool children similarly offer encouragement.

Changes in the Testing Movement

Intelligence testing in this country was introduced by students of G. Stanley Hall, a strong hereditarian. Perhaps this fact helps explain why in the early days of mental measurement in this country, there was much emphasis upon the constancy of the IQ.

Binet himself was quite open in his view concerning the educability of intelligence. Early workers in this country were not so optimistic. But, in recent years there has been a growing appreciation by people concerned with measurements that a good many non-intellective factors enter into scores on intelligence tests. Also, the relationships between measured intelligence and achievement are not constant for all environments or treatment conditions, so that a single concept or general concept of capacity is not fully tenable.

Contributing to the more open view among measurement specialists is the strong and growing emphasis upon the multiple-factors of intellectual ability. We have witnessed shifts in interest from the simple structure proposed by Terman and even Thurstone to the much more complex view proposed by Guilford. Guilford urges that the organism is not simply an association making mechanism, not just a storage facility, but highly creative as well. He urges a model of the human intellect which consists of at least 120 independent abilities. He is not at all hesitant, and many of his followers even less so, about suggesting that many of these 120 abilities may be influenced by school teachers, parents, and others. Indeed there has been a great rush by disciples of Guilford into the classrooms of America urging that the intellectual abilities of the Guilford structure ought to be the proper objects of education.

Emphasis on Personal-Social Determinants of Behavior

Quite apart from the lines of research we have been discussing so far is the growing emphasis on non-intellectual determinants of behavior of retardates. After all, measured intelligence is not perfectly correlated with all forms of desirable behavior. So, even if we are not successful in developing what Lindsley calls mental prostheses, the situation is not hopeless. There are other vineyards. And it seems quite widely agreed that personality traits are more influenced by environment than at present is intellect.

One of the lines of research which I find interesting and relevant here is presented by Stevenson and Zigler.[14] Their research suggests that some of the early notions proposed by Kounin concerning the cognitive rigidity of the mentally retarded do not hold up. It seems that the findings of Kounin were artifactual in that he was comparing mentally retarded institutionalized subjects with non-institutional normal subjects. And it turns out that placement rather than mental retardation makes the difference. We see emerging from a whole line of research the suggestions that emotional and motivational factors are extremely important in the behavior of the mentally retarded and that these are definitely modifiable.

Other Influences

If time were available one could go on to discuss many other lines of research and theory which have contributed to the more open view of mental retardation. One might look into research with infrahuman subjects, showing the importance of early learning experiences in the permanent behavior repertoire of animals. We might go into studies showing the ways specific kinds of environment produce increments in intellectual functioning. Or, one might look into research on learning, for example,the very interesting work by Zeeman, which shows that an attention factor may account for specific deficits in simple discrimination learning of retarded children.

Some Common Themes

Rather than to extend the discussion of research areas, let us now, in summary, specify a few common themes. Although there are some disagreements and incompatibilities among researchers and ideas we have reviewed, (for example, the different emphasis upon central processes or the extent to which researchers would stress intra-individual differences), there are several important agreements. All the lines of research which we have discussed point toward a more open view concerning human potentialities. All agree upon the probable importance of early years of experience of the mentally retarded if development is to be adequate. A good many of the practical projects which we see developing now place emphasis upon the early years of life: for example, new programs offering obstetrical care and pediatric services for high risk families and the Head Start program.

There is much to be gained, I believe, from more open and more positive attitudes toward the mentally retarded. Please note that I used the word "open" suggesting that questions concerning potentialities of the mentally retarded have been opened and that no neat solutions have been provided. There are dangers inherent in this attitude as well. It invites easy closure by the untutored and by those who would play the charlatan's role.

All of us must clarify for ourselves an attitude in this matter. A good many lines of evidence do suggest a more open predisposition concerning the potentialities of the retarded. One can honestly speak in open, optimistic terms; yet it is no kindness in specific instances to be unrealistically optimistic. It is necessary to make predictions concerning particular children and sometimes what we honestly foresee is not very encouraging. How can we find a proper balance between openness and realism? How might we deal honestly with parents of a child whose outlook is extremely limited?

The key, I think, is simple honesty. In dealing with individual children, predictions and decisions must be made on the basis of present knowledge and present programs. But, we can still maintain a general openness and strive to design and test programs which we hope might bring a more favorable prognosis.

The resources coming into the field of mental retardation are very great -- unprecedented in their magnitude. Old programs are expanding, as in the use of special education classes. Pilot programs, in such areas as Day Activity Centers, are spreading to new communities and many new types of programs are being tried. As we launch and expand these programs, we are proceeding on evidence of very low order, I think, as to procedure and expected outcome. My frank evaluation of evidence concerning the new "openness" and supporting new programs is that it is extremely sparse and fragile. We are proceeding also with very limited staff and often with only makeshift administrative and supervisory structure. In such a situation, it is important for all of us to bring an honest attitude of realism and yet a spirit of inquiry to our work. We must evaluate carefully what we do and try to avoid a deception of ourselves which is so easy in such a field and in such a time. We must keep ourselves and our programs fully in touch with professional community resources and avoid becoming isolates. We must avoid building our own special cheering sections to urge us on in spite of failure.

We have had troubles galore in this line in mental retardation in the past. If we fail now to evaluate carefully and move rapidly and with excessive optimism, we can easily produce a swing backward toward a more pessimistic view in the future. Such a swing occurred in this country at the turn of the 20th century -- from an era of eager school building in the late 19th century to the colonies or segregation centers of the early 20th century.

As we go about making inquiry concerning our processes and programs some will do this informally on the basis of hunches and available populations and using only that informal logic which is available to us in our ordinary work. Others will go about the task much more rigorously with hunches turned to scientific hypotheses, with carefully defined populations and samples, and with rigorous statistical logic applied to data. But we all need to see ourselves as engaged in a large and genuine search for better ways to serve.

FOOTNOTES

[1] J. McV. Hunt, Intelligence and Experience (New York: Ronald Press, 1961).

[2] R. F. Heber, "A Manual on Terminology and Classification in Mental Retardation," American Journal of Mental Deficiency Monograph Supplement, 64, 1959.

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[5] Hunt, op. cit.

[6] H. M. Skeels and I. Harms, "Children with Inferior Social Histories: Their Mental Development in Adoptive Homes," Journal of Genetic Psychology, 72, 1948. pp. 283-294.

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[9] S. W. Bijou, "Theory and Research in Mental (Developmental) Retardation," Psychological Record, 13, 1963. p. 99.

[10] O. Lindsley, "Direct Measurement and Prosthesis of Retarded Behavior," Journal of Education, 147, 1964. p. 62.

[11] Ibid.

[12] O. K. Moore, In Creativity: Second Minnesota Conference on Gifted Children. Minneapolis, Minnesota, Center for Continuation Study, University of Minnesota, 1960.

[13] D. Hebb, Organization of Behavior (New York: John Wiley and Sons, 1949).

[14] H. W. Stevenson and E. F. Zigler, "Discrimination Learning and Rigidity in Normal and Feeble Minded Individuals," Journal of Personality, 23, 1957. pp. 699-711.

PART I

SELECTED PAPERS PRESENTED TO WORKSHOP ON MENTAL RETARDATION

THE IMPACT OF FEDERAL LEGISLATION ON DEVELOPMENT OF COMPREHENSIVE PROGRAMS FOR THE MENTALLY RETARDED

by

Elizabeth M. Boggs

The Kennedy years, as we all know, had a unique and powerful impact upon public interest, professional opportunity, and official action in relation to mental retardation. Their very splendor have, however, somewhat obscured both the preceding and succeeding events which have maximized the ongoing influence of President Kennedy's personal interest in and forthright attention to the problems of the mentally retarded.

When responding to the charge which President Kennedy gave to his Panel on Mental Retardation at their first meeting in October, 1961, its Chairman, Leonard Mayo said: "Mr. President, 'there is a tide in the affairs of men, which taken at the flood, leads on to fortune.' This is such a time in the affairs of the mentally retarded." He was all too tragically right, of course, for, if the President had postponed launching the Panel, or the Panel had dallied in the swift completion of its appointed round, the important legislation signed in October, 1963, might never have been consummated.

Even a bill signed is not too significant unless there is continued conviction and drive behind it. It is now clear, however, that both President Johnson and Congress are assuming a continuing commitment. The Johnson style is different and the social tide that is running now is carrying many boats besides the cockle of mental retardation, yet, as we look at the results of the 1965 Congressional Session carefully, we must acknowledge that as much has happened to directly benefit the mentally retarded this year as happened legislatively in 1963, even though not a single bill passed in 1965 bears the primary label of "mental retardation." As 1965 would not have been possible without 1963, however, so 1963 would not have been possible without the less publicized efforts prior to 1960. If we are to carry forward the work, and understand and utilize to best advantage the opportunities offered by federal programs, it is important to understand something of how they came about, since this has important bearing on how they may be sustained and extended.

For purposes of brief review, the years prior to 1945 may be called the professional years, the decade from 1945 to 1955 the parent years, the important interval from 1955 to 1960 the Congressional years, and the last five the Presidential years.

The Professional Years

The White House Conference on Children and Youth of 1930 represented the culmination of a quarter century of great professional productivity and enthusiasm in the field of mental retardation. Unfortunately, the significant recommendations built into the Conference fabric by its sub-committee on mental deficiency were quenched by the overriding concerns of the Depression and World War II, with the result that those who have come more lately into the field are often unfamiliar with pre-Depression activities. While federal activity in all the areas of health, education and welfare was then much more circumscribed than at present, we can nevertheless identify professionally initiated federal interest as long as a half century ago. Very early in its history, for example, the Children's Bureau initiated studies on the problems of the mentally retarded in the District of Columbia and in Delaware. There are recurring evidences of Children's Bureau interest in the mentally retarded in the decades that follow, although it was not until the passage of the Social Security Act in 1935, with its provision for federal grants in aid to states for maternal and child health and welfare, and services to crippled children, that the Children's Bureau had substantial funds with which to assist the states to respond to its stimulus.

Similarly, the U. S. Office of Education, almost from its earliest years, had begun to document what states and local school districts were doing to educate handicapped children, including the retarded. Between 1920 and the present, the results of no less than eight detailed surveys have been published. These figures, indeed, help us to document the regression brought about by the war.

In addition to monitoring the activities of state and local school authorities through such surveys, the Section on Exceptional Children and Youth, under the widely respected leadership of Elise Martens, began producing useful publications in the early '30's. Indeed, one of these, A Guide to Curriculum Adjustment for Mentally Retarded Children, first issued in 1936, remained even at the time of its reissue in revised form in 1950, a major resource for teachers.

The Bureau of the Census has collected some sort of data on persons with mental deficiency since 1840, and still includes special reports on institutionalized mentally handicapped in the publications resulting from its decennial activity. Annual enumerations of patients in state institutions for the mentally retarded began in 1926. With the establishment of the National Institute for Mental Health immediately after World War II, this function was assumed by its Biometric Branch, to whom we owe the fact that residential care is the most accurately documented of all services, public or private, in which the mentally retarded are enrolled.

Federal support in efforts to provide vocational rehabilitation for the handicapped grew out of efforts following World War I, to extend to civilians those methods which had been found successful in rehabilitating war casualties. Thus, the initial focus was on physical handicaps. During World War II, however, the Vocational Rehabilitation Act was significantly amended to include the mentally retarded and mentally ill as candidates for rehabilitation services. The significant and influential federal publication, Vocational Rehabilitation of the Mentally Retarded, by Dr. Salvatore DiMichael, which appeared in 1950, documented the first successful demonstration efforts, and pointed the way to the expansion and improvement of methods of training, counseling, and selected placement of the retarded.

The Parent Years

As the post-war years brought increased numbers of handicapped children onto the scene, their parents soon discovered the quantitative and qualitative inadequacy of facilities and services which had been allowed to retrogress during the stresses of depression and war. First individually, and then collectively, especially after 1950, when the National Association for Retarded Children was formally organized, their voices were increasingly heard. The professional staff members of the relevant federal agencies began to respond in accordance with the measure of responsibility or authority generally vested in each. For the Office of Education, for example, direct financial aid was not authorized, but its chiefs, Arthur Hill and Romaine Mackie, wrote and spoke to their colleagues, encouraging them to respond in a professionally creative manner to the new situations, and to utilize the resource represented by organized parental support of public school special education programs. The Children's Bureau, after ascertaining what little the states were at that point doing for the mentally retarded with Children's Bureau grant money, used its existing grant authority to inaugurate specialized diagnostic clinics for the mentally retarded.

The number of mentally retarded rehabilitants under the state-federal rehabilitation program began its slow but significant rise in 1946. The future would depend largely on the image of the mentally retarded as a responsive candidate for rehabilitation, as seen by the professional rehabilitation worker. It was significant, therefore, that in 1953 the Director of the federal Office of Vocational Rehabilitation, Miss Mary Switzer, issued an unmistakable clarion call to her colleagues at the final general session of the Annual Conference of the National Rehabilitation Association of that year. It is no coincidence that this same year was one in which a number of the local units of the National Association for Retarded Children were inaugurating sheltered workshops as training facilities for the rehabilitation of the mentally retarded.

The Office of Education's extensive and ambitious study of the preparation of teachers of handicapped children, made possible by private foundation support, got underway in 1953 and put the Office in the position to be the first proponent of specific substantive legislation on behalf of the retarded, in response to the Congressional interest which became manifest in the latter half of the decade.

The Congressional Years

As parents and interested professionals banded together in every part of the country during the fifties and were joined by public spirited citizens less personally affected, it was inevitable that they should bring their cause to the attention of their elected representatives and find among them a few who saw the need for action. One such was Congressman John E. Fogarty of Rhode Island, who, in December 1954, was invited to speak at a meeting of Rhode Island parents, one of whose leaders was an old school friend. Fogarty, a humanitarian, confronted with the peculiarly difficult problem which mental retardation presents to the afflicted and their families and appalled at the apparent social neglect of this problem, knew that he must act, but also knew that he must act responsibly. A month or so later his sense of the problem and the role he might play in contributing something to its solution were accentuated by an article appearing in The Columbian. The article featured activities on behalf of the mentally retarded by a number of prominent Catholics. Among them were Archbishop (now Cardinal) Cushing and Dr. Salvatore DiMichael, who by that time had become the first Executive Director of the National Association for Retarded Children. In Dr. DiMichael, Fogarty found a person able and eager to give him the nationwide perspective on the problem which he sought.

His first task was twofold: to determine what in fact was being done within and by federal agencies, and secondly, to stimulate those having implicit responsibilities to pursue and discharge them more explicitly. For this mission he was strategically situated as the Chairman of the Sub-Committee on Appropriations for the recently organized Department of Health, Education and Welfare, which had been created by Act of Congress less than two years before.

The March, 1956 issue of Children Limited, the newspaper of the National Association for Retarded Children, announced under a Washington "dateline" of March 18th that: "History was made for retarded children on a national scale today when the House Appropriations Committee urged an all out attack on the interior 'great and growing problem.' " The Committee had in fact earmarked $750,000 to launch a research program in mental retardation ($500,000 to the National Institute of Neurological Diseases and Blindness, and $250,000 to the National Institute of Mental Health). The Fogarty Committee also made it clear that it expected the Office of Education to present a "real program" when it came before the Committee in 1956. The Senate Committee headed by Lister Hill of Alabama, a well known friend of medical research, sustained the proposed appropriations for mental retardation, as did the respective Houses of Congress.

Within the year the Office of Education responded with several proposals -- among them, that the previously passed but as yet unimplemented Cooperative Research in Education Act be activated with an appropriation, the major portion of which ($675,000) should be directed towards research in the educational problems of the mentally retarded. This was granted in 1956.

The Office also proposed new substantive legislation to authorize the Commission to make grants to universities or state departments of education to pay fellowship stipends to students preparing to be teachers of the retarded or leaders in educational activities on their behalf. This bill, first introduced by Fogarty in 1956 and reintroduced in the following year in the 85th Congress, was backed by the administration of President Eisenhower, but encountered stiff opposition from Representative Graham Barden of North Carolina. Barden then chaired the House Committee on Education and Labor. Mr. Barden made it clear that his dissatisfaction with the Supreme Court's school desegregation decision would be reflected in opposition to almost any new education legislation. It was only late in 1958, during the last days of the 85th Congress, when Mr. Barden knew that he would not be returning, that the valiant efforts of Representative Carl Elliott of Alabama, supported by NARC, secured the passage of a somewhat modified version of the bill sponsored by Congressman George

McGovern of South Dakota. This legislation formed the foundation of what is now Title III of Public Law 88-164, under which in fiscal 1966 some $19.5 million will be distributed for the training of personnel in special education of the handicapped (of all types) as compared to the modest million with which the program was inaugurated in fiscal 1960. Many of today's programs are possible, however, because key college and state and local administrative positions are held by a new generation of men and women who received their full time graduate training under the original law -- Public Law 85-926.

Heartened by Congressman Fogarty's recognition that mental retardation is a problem whose various facets must be tackled from different sides by different agencies, NARC presented to Mr. Fogarty in January, 1956, proposals for a comprehensive federal program involving not only the National Institutes of Health and the Office of Education, but also the Children's Bureau, Office of Vocational Rehabilitation, and the Bureau of Public Assistance. NARC's suggestion that an additional million of Children's Bureau funds be made available for special projects to extend diagnostic counseling services for young mentally retarded children and their families, was incorporated in the HEW budget for 1956-57, thus launching a program which now supports more than 80 clinical programs in all parts of the country.

NARC's 1956 proposals also touched on some substantive matters not directly tied to appropriations. One of these had to do with the interpretation of the Hill Burton Act of 1946, and the 1954 Hospital Survey and Construction Act. The original act excluded from federal assistance in construction "any hospital furnishing primarily domiciliary care." By regulation of the Public Health Service, all institutions for the mentally retarded were excluded categorically on the assumption that all were primarily "domicillary" in nature. Despite Hill's clear statement in 1954 that he as co-sponsor of the act had no intention of making such an exclusion, it was not until 1960 that a reasonable revision in interpretation was finally achieved.

In 1956 NARC also backed the proposed change in the Social Security Law which authorized what is now known as the "Adult Child Benefits Program," under which a surviving adult dependent child of an insured worker may receive benefits, if he has a permanent and total disability originating before age 18. It was estimated that there would be approximately 10,000 eligible beneficiaries under this amendment. At present (1965) nearly 200,000 persons are enrolled, of whom approximately 125,000 have mental retardation as their primary or secondary disability. Quite aside from the actual benefits made available to the individuals and the extent to which this has fostered continued maintenance of severely handicapped adults in the community, the unexpected experience of the Social Security Administration with these provisions has demonstrated as almost no other program could have done, the extent of disability due to mental retardation in the non-institutionalized adult population.

During the remaining years of the decade there was a general quickening of activity in most of the relevant HEW agencies and a steady increase both in appropriations and in elements welded into the total program. The heightened interest was reflected in preparations for the 1960 White House Conference on Children and Youth in which mental retardation was a major concern. It was significant also that many of the state delegations to that Conference included lay as well as professional leaders in the mental retardation field.

By the time Congress adjourned in 1960 to engage in the campaign for its own and the President's election, it had raised the Department of Health, Education and Welfare's commitment to research, training, and service on behalf of the retarded, to nearly $94 million for the fiscal year 1961.

The Presidential Years

During the late 1950's it was known, but seldom mentioned among the leaders in the mental retardation field, that former Ambassador Joseph P. Kennedy had a retarded daughter. It was also no secret that the family had, with the interested guidance of Cardinal Cushing, made significant contributions to enhance facilities for the care, training, and treatment of the retarded under Catholic auspices. Shortly before 1960, the Joseph P. Kennedy Jr. Foundation shifted its emphasis from care and treatment to research into causes. Nevertheless, the personal reason for the family's interest was not publicized and the professional and lay people working on behalf of the mentally retarded respected the family's apparent wishes for privacy in this respect, as they would have respected that of any other parents. As for the then Senator John F. Kennedy, he evinced no special interest in such legislation affecting the retarded as was then under discussion.

The first major move of the Kennedy Administration which was to have significant consequences for the field of mental retardation was the proposal for the establishment of what became the National Institute of Child Health and Human Development, as one of the National Institutes of Health. This proposal emerged from the recommendations of the special Task Force on Health and Welfare mobilized in late 1960 by Kennedy in anticipation of his election. The principle mover of this idea within the Task Force was Dr. Robert E. Cooke, Professor of Pediatrics at Johns Hopkins, who had also been largely responsible for shifting the Kennedy Foundation emphasis from service to research. An able physician and hard-driving administrator, Cooke is also the father of two retarded children.

Legislation creating a new National Institute of Child Health and Human Development was enacted by the 87th Congress, after a legislative history which made clear that mental retardation and related problems of child development should be a major concern of the research Institute. This expectation is being fulfilled at the present time.

The teamwork of the Kennedy family is well known and as its various members began to take responsibility (officially or unofficially) for various aspects of the Kennedy program, it became apparent that the President's sister, Eunice Shriver would lead, on behalf of the President, in the development of "a national program of action to combat mental retardation."

Early in the President's term it was decided that he would appoint an ad hoc study group charged to come up with a broad guaged plan for stepping up the tempo and effectiveness of the nation's efforts in research, training and service relative to the prevention and management of mental retardation.

The President launched the 27-member group in October, 1961, and gave it 14 months to accomplish what appeared at the outset to be an impossible task. The time allowance was subsequently shortened to 11 months to accommodate the exigencies of the Congressional calendar.

There ensued a period of intense activity under the leadership of Leonard Mayo, whose breadth of experience as Chairman of the 1960 White House Conference on Children and Youth, as Dean of the School of Social Work, and Executive of an influential private foundation active in supporting research in rehabilitation of the handicapped, stood him in good stead in a difficult and multi-faceted assignment.

Although the Panel had a small but competent staff and was quartered in the Department of Health, Education and Welfare, it was exceptional in the extent of participation and involvement of its members in the process of assessment of need and projection of proposals for solution. The Panel members were organized into six hard working Task Forces, which traveled, met, conferred, held public hearings, inspected the best European facilities, gathered into its councils innumerable experts, drafted, redrafted, debated, and finally condensed its convictions into some 97 recommendations. Its report was submitted to a receptive and inquiring President on the morning of October 16, 1962, in the midst of the as yet unannounced Cuban missile crisis.

It had been apparent from the start that the Panel members did not plan to be rubber stamps either for each other or any other authorities. Nevertheless, there had been an appropriate and productive interaction between the Panel members, Panel staff, and the leaders of the agencies which make up the Department of Health, Education and Welfare.

Effects of the ongoing process of interaction during the year of the Panel's activity were twofold: the Department was itself faced with the necessity for organizing to meet the challenges and demands of the Panel. This resulted in a revitalization of the coordinating machinery within the Department and specifically in the formation of a Secretary's Committee on Mental Retardation, chared by Mr. Luther Stringham representing the Office of the Secretary. (Mr. Stringham is now Executive Director of The National Association for Retarded Children.) The second result was that those agencies who saw for themselves an increasingly creative role in developing some aspect of the comprehensive program for mental retardation were able to plan ahead and thus to develop the necessary running start on proposals for legislation to implement the Panel recommendations.

Thus, by the time the Panel report was in print the following February, three major pieces of legislation, addressed to five major recommendations of the Panel, were in the hopper. One of these pertained to the construction of facilities for the "diagnosis, treatment, training and custodial care" of the mentally retarded, (including facilities affiliated with universities for the purpose of training personnel), and for the construction of comprehensive research centers in mental retardation. This bill was later combined with the community mental health centers bill, to form a single composite construction bill, to which was also attached as "Title III" another bill originally introduced separately, to expand the 1958 legislation on the training of personnel in education of the mentally retarded.

The second "mental retardation" bill of 1963 provided funds for the states to begin comprehensive mental retardation planning of their own on an interdepartmental coordinated basis, and also funds for special maternal and child health grants to improve care, especially prenatal care, to women (and babies) who for economic or social reasons are unlikely to receive adequate prenatal care and hence were, according to all statistics, especially at risk of mental retardation or some other developmental disorder. These two bills made their way through a sympathetic, but nevertheless critical Congress, in time to be signed by President Kennedy in October, 1963.

Although launched in the name of mental retardation, it must be recognized that the projects for improving maternal and child care in "high risk" areas partakes more of general social reform, and indeed it has now been complemented by the child health care provisions of Public Law 89-97, the omnibus "Medicare" bill of 1965. Some mental retardation may indeed be prevented by both these types of undertakings, but surely only as one component of a program which hopefully will have a multifaceted impact on infant mortality and morbidity.

The Mental Retardation Planning amendments, on the other hand, although much more limited in dollars (total authorized appropriation for a two-year period amounting to $2.2 million), was more highly targeted and has obviously exerted a very considerable leaverage in the 53 jurisdictions which have taken advantage of it. With nucleus grants which, in many cases, amounted to no more than $30,000 per state, an 18-month assessment, coordination, planning, and public education activity has been launched in the respective states, which in the more successful at least, promises to parallel within the states the impact which the President's Panel had nationally. The 1965 "Medicare" bill included an amendment providing a total of $5.5 million in funds expendable up to July 1968, for the strengthening of the coordinating mechanisms at the state level and for the central activities necessary to implement the plan now being formulated. It is quite obvious that a variety of instructive, indigenous and innovative ideas are being built into the state plans. As a result we can have within the next decade (which may well become the decade of the states) an opportunity to compare a number of different ways of organizing services for the mentally retarded at both the state and community levels.

One major component of the 1963 legislative program failed of passage in that year. This was the Vocational Rehabilitation Amendments bill. "Rehab" is a rapidly developing field and it was not surprising therefore that when a new bill was introduced again in 1965 it reflected further advances, and indeed was still further developed and liberalized during its passage through Congress. Representative Edith Green and members of her special Sub-committee on Education took an active role and left their stamp on the bill. Senator Hill handled it with his usual consummate skill in the Senate.

A conference version completed its Congressional course in the final hours before adjournment in October. The new Act (P.L. 89-333) offers a variety of modalities for the improvement and expansion of sheltered workshops, for training and long-term employment. Technical consultation, construction funds, training stipends, are among the instruments added. The bill borrows liberally and imaginatively from precedents set in other legislation including the Manpower Development and Training Act and the Community Mental Health Centers Staffing Act of 1965. The bill also breaks ground by authorizing the construction of community residences for adults undergoing rehabilitation, and by extending the permissable period of evaluation of mentally retarded and other severely handicapped persons.

With the passage of the Vocational Rehabilitation Amendments of 1965 and the amendments to the Immigration and Nationality Act, the enactment by "Kennedy" legislation will be virtually complete. The Immigration Act is a story in itself. Suffice it to say that prior to 1965, the Immigration laws absolutely excluded persons with "mental disorders," including the mentally retarded and even the recovered mentally ill, from entering the United States as permanent residents and placed serious difficulties in the way of temporary visits. One of the numerous modifications to the Immigration and Nationality Act embodied in P.L. 89-236, signed by President Johnson on October 3, 1965, will permit the admission, under certain conditions, of a close family member who is retarded.

The year 1964 had been, for many reasons, a year of consolidation, but the year 1965 was one in which, legislatively speaking, the mental retardation program was in large measure advanced as an integral part of measures aimed at the realization of the Great Society. Thus, in addition to the Vocational Rehabilitation Amendments, and the Hill-Harris amendments extending and amplifying the program for training of personnel in special education, along with the Community Mental Health Centers staffing provisions, there were important provisions affecting the mentally retarded both in the "Medicare" bill and in the Elementary and Secondary Act of 1965. The former not only provided for implementation of mental retardation planning, but also gave authority to the Children's Bureau to contribute to the operating costs of university related facilities for the retarded. Other less specific but important provisions increased the benefits payable to

Social Security beneficiaries including the adult disabled children of formerly covered persons, permitted public assistance and medical benefits to be paid to or on behalf of aged retarded persons in mental institutions, permitted trust funds to be used for the rehabilitation of beneficiaries, somewhat increased the amounts which can be earned by a permanently and totally disabled person without reducing his assistance payments and tackled the serious socio-legal problem of "protective payments" for persons who are not able to manage wisely the small sums to which they become entitled under social insurance and social assistance programs.

The Elementary and Secondary Education Act, thanks to Senator Morse of Oregon and Senator Proudy of Vermont, made it clear that handicapped children, including the mentally retarded, were to be considered "educationally disadvantaged" for the purposes of the bill, and that projects for improving education of the handicapped would, interalia, be eligible under several titles of the bill. An amendment passed in October assures benefits to develop educational programs in state operated or state aided schools for the handicapped including state institutions for the retarded.

The grand overall effect of the three years of executive-legislative action has been to enhance markedly the activity and influence of the federal government in promoting research, professional training, planning, and prevention in relation to mental retardation. There has been also some regress of discrimination in respect to personal entitlement of the retarded to social and educational benefits.

The identifiable annual federal expenditures related to mental retardation now run to nearly $300 million (exclusive of authority new in 1965) of which about $120 million is for income maintenance and only about $30 million for service. Indeed, there has not yet been developed an instrument for major impact in any but rather selected areas of service to the retarded. This gap will be the subject of a third thrust of effort, during 1966.

FOSTERING INDEPENDENT, CREATIVE THINKING IN EDUCABLE MENTALLY RETARDED CHILDREN

by

Herbert Goldstein

One of the major requirements for adequate performance in a society such as ours, is the ability to think independently and critically. Most educational programs respond, at least in spirit, to the needs of students as they are projected from the school to the post-school setting. Insofar as the educable mentally retarded are concerned, we can see by their behavior that they often appear to think and act independently without equal emphasis on critical thinking. Thus, the retarded are often characterized as behaving capriciously, superficially, bizarrely, and/or inappropriately. What we are witnessing, in all probability, is a child with a need, internally or externally induced, to act, but with limited data upon which to act. In all probability, one factor that makes for a noticeable difference between so-called normal and retarded persons is the quality of their actions. In this case, the quality is determined by how much data relevant to the act the individual can conjure up at the appropriate time and place. Further, this pre-supposes the ability of the individual to select from his data bank those data that are appropriate.

For the most part, schools bend their efforts in the direction of the dissemination of facts. This is all to the good providing, of course, that the facts are relevant to post-school as well as in-school adjustment. Unfortunately, this is rarely the case. Most special class programs get fixed on exercises in skill development in reading and arithmetic and rarely get into the more complex and abstract facts usually contained in social learning despite the fact that data contained in social learning are also data important to critical thinking in a socio-occupational setting.

The most important remedy for this deficiency in our special class programs is by way of curriculum reform. We need to think through the elements of our teaching as they constitute a curriculum to make sure that the substance and its sequence are both logically and psychologically sound. Once this is done, we can turn to the question of independent acting as it is correlated with independent thinking.

Rather than spend a great deal of time on the curricular aspects of the special class program, I would prefer to move directly with that phase of the program that has to do with the topic, "Fostering Creativity in Educable Mentally Retarded Children." Let me set aside the question of curriculum for now by calling your attention to the Curriculum-Guide for Teachers of the Educable Mentally Retarded as an example of one system for organizing information. The following is a brief description of the Curriculum-Guide.

The Curriculum-Guide

The curriculum is designed to meet the needs of the educable mentally retarded child.[1] It takes into account the status of educable mentally retarded children at school-entering age in terms of their circumscribed and limited experiences and resultant gaps in information, language and conceptual breadth.

Thus, one dimension of the curriculum is organized within the framework of the persisting life-problems faced, in some degree, by all who live in American society. These are listed in the curriculum as social or life functions and consist of the following:

Citizenship
Communication
Home and Family
Leisure Time
Management of Money and Materials
Occupational Adequacy
Physical and Mental Health
Safety
Social Adjustment
Travel

Two assumptions are made about the life functions in the structuring of this curriculum. First, it is accepted that the distinctions in life-functions made above are arbitrary and a matter of convenience to the curriculum developer and interpreter. In reality, any given life situation involves any one or a combination of life problems directly and, in all probability, the remainder of the life problems indirectly. Second, all problem areas have their inception, to some degree, with the first interactions of the individual with his environment and are equally crucial at all age levels. The variations in the nature and intensity of certain problem areas are functions of the conditions that are peculiar to both the age of the individual and the setting within which he is acting and interacting. Further, the apparent competence of an individual within the context of any one life function is based upon earlier relevant learning and experience. His behavior, therefore, represents a stage in a developmental progression of competencies all of which depend on basic principles peculiar to the life function. Thus, the competencies involved in the management of one's finances is based on a developmental sequence of earlier learned competencies in the care and conservation of personal belongings, toys, school materials and the like.

The curriculum is so organized that the behaviors and information representative of adequate function within the context of life problems become important aspects of the retarded child's classroom learning at the earliest possible age. Thus, the objectives relevant to each life function are similar in principle at each level but differ in substantive material according to the developmental level of the child.

The second dimension accommodates the traditional subject matter areas of public education. Knowledge of reading, arithmetic, science, health, and the other school subjects are facilitative in coping with life problems. Therefore, there is a need to develop these skills to the limit of each child's capacity. By correlating the subject matter areas with learning in the life functions, the subject areas not only maintain a high level of meaning but also are prevented from becoming ends in and of themselves. This is accomplished in the curriculum by incorporating subject matter areas into the life functions as tools applied in analysis and synthesis. In turn, the concepts relevant to life functions are drawn into the portions of the school day devoted to skill development as topics underlying reading, quantification, and other areas of knowledge. To assure a consonance between the study of life functions and the acquisition of skills in subject matter areas, these areas are, like the content of the life functions, organized developmentally.

With reference to our topic, there is a very strong relationship between creativity and independent thinking. In our study of special classes in Illinois, we found that children who were insecure, inflexible, and dependent were least creative. The question, then, is how can independent as well as creative or divergent or productive thinking be fostered in special classes? The answer to this will be found mainly in the nature of the interactions between teachers and children. These are generally considered within the context of method. The teaching method under discussion is one put into practice in our study in Illinois with very satisfactory results.

The Teaching Method

The teaching method employed in our study is intended to fulfill simultaneously two functions. It is intended to serve as the framework within which the teacher is to organize, present, and evaluate subject matter and skills in a learning setting. At the same time, it takes into account the implications in teacher-pupil interactions insofar as they influence personality variables such as self-concept, attitudes toward education, and motivation to learn. To be effective, it was felt that the teaching method should be pervasive and thereby encompass as many classroom interactions as possible beyond those typical of the academic area.

The teaching method places a premium on problem solving as opposed to simply the ingestion of facts and habits. Its keystone is inductive reasoning in arriving at a solution. Some of the main assumptions underlying the employment of this method are as follows:

1. Inductive reasoning ability is a characteristic of the competent adult in a democratic society.
2. Educable mentally retarded children can learn and utilize inductive reasoning in problem solving.
3. Practice in inductive reasoning needs to start early and to continue with a high degree of consistency.

Fig. 1

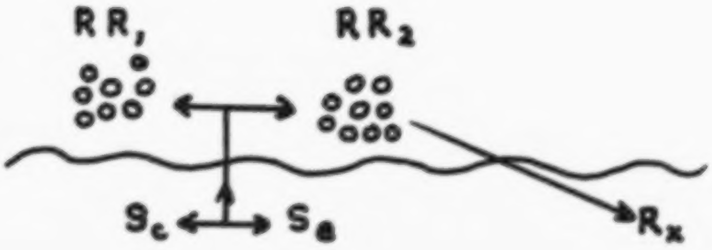
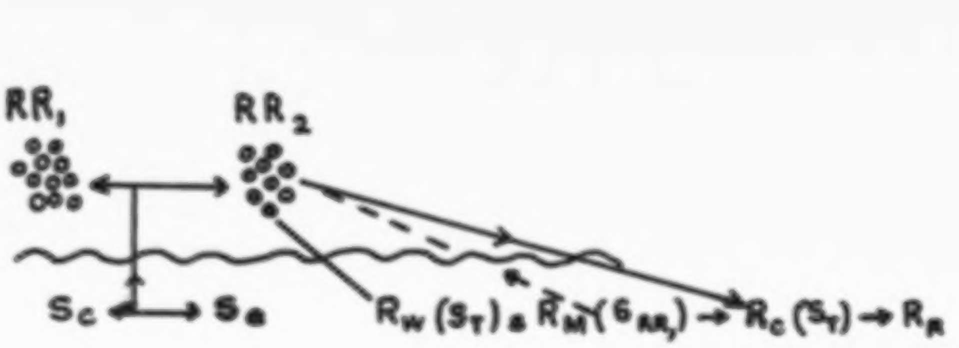


Fig. 2



R_w = Child's error response
R_m = Teacher's signal to activate mediator
R_c = Child's correct response
R_T = Teacher's reinforcement.

In essence, this method requires that the teacher forego the role of dispenser of facts and become the organizer and manager of the learning situation. In this sense, it is the goal of the teacher to so structure and/or manipulate each interaction so that the pupil sees the relevant cues, makes the appropriate association of present cues with already learned facts, and then either develops a hypothesis that will enhance the probability of arriving at an appropriate solution or goes directly to the solution. Practice and a high degree of success in this process should help to develop within the child a high level of self-reliance and flexibility or to put it another way, the ability to think independently and creatively.

The teacher is responsible for the following aspects of the teaching method:

1. The teacher must have a good grasp of the child's status in each ability area so that the cues he selects will have some relationship with the child's fund of knowledge and thereby make it possible for the child to effect relevant associations.
2. The teacher must, whenever possible, so structure the learning situation so that extraneous and distracting stimuli do not divert the child. As the child becomes adept at the inductive approach, the need for this type of situation lessens in accordance with reality.
3. Cues selected by the teacher must be presented clearly and in the appropriate sequence and/or combination so that an immediate association might be possible.
4. The child's correct responses must be reinforced immediately according to what is appropriate for him.
5. When a child responds incorrectly, the teacher must signify to him that his response is unacceptable and encourage him to re-evaluate the cues and develop a new hypothesis. It is most important that the teacher refrain from correcting the child by providing him with the correct response. There are times when this is the only constructive way out of an un-

fortunate situation, but these should be kept to an absolute minimum by good planning and thorough knowledge of the child's abilities.

6. When the child persists in giving incorrect responses by what appears to be guessing or should he demur from giving any response, the teacher must re-evaluate the situation to ascertain whether or not such conditions prevail as:

   (a) the teacher over-estimated the child's ability,
   (b) the cues are confusing and leading the pupil into irrelevant associations, or
   (c) the child is psychologically unready to engage in the learning situation and needs further preparation or orientation.

Based on his observations of the foregoing, the teacher needs to make the necessary modifications in the lesson or interaction. In any case, the vulnerable point in this method of teaching is reached when the child makes an incorrect response. It is at this point that the teacher helps to build into the child either a feeling of competence and self-reliance or a feeling of dependence. Our experiences in our study suggest that teachers build dependence into their pupils to the degree that they prompt their pupils and/or correct them by providing them with appropriate responses. They build feelings of competence in their pupils along with flexibility when they stimulate their pupils to (1) recognize the effects of their response on others, and (2) independently re-assess their response as to its relevance and, if need be, re-associate available data with learned data in order to generate another more appropriate response.

It should be remembered that this method, in a special class for the educable mentally retarded, needs to be the basis for teacher-pupil interaction beyond those typical of reading and arithmetic lessons. Our experiences indicate that teachers can help children derive answers to questions regardless of who generates the question.

The Teaching Method in Model Form

Teachers in special classes for the educable mentally retarded need a model or pattern as a matrix within which they can make observations of their own and children's behavior in the teaching-learning situation. One of the major functions of such a model is to provide the teacher with a consistency in his approach to organizing, managing, and evaluating learning be it in the formalized setting of reading or in the less circumscribed areas of social learning. Within this context, the teacher may apply principles of learning knowledgeably and purposefully.

The teaching method will be discussed in model form to illustrate the assumptions underlying its development and how these are correlated with action. Much of the thinking going into the method was influenced by the writing of D. O. Hebb (1949). The model itself was worked out with the help of Dr. Lawrence Stolurow whose research on programming of learning for teaching machines is well known.

Fig. 1 represents the basic model prior to any interaction between learner and teacher. Above the wavy line are the internal response potentials of the learner. Below the wavy line is shown the stimulus situation external to the learner. RR_1 is the learner's physiological response repertoire. It is non-meaningful in that it represents the neural mechanics of sensory in-put which is measurable by such devices as the audiometer and the ophthalmoscope. It is an important part of the model because it keeps before the teacher the fact that educable mentally retarded children often have physical disorders that may distort or interrupt channels of reception and/or expression. RR_2 is the learner's ideational or meaningful response repertoire. Here are stored individual facts, as well as facts in association with other facts, which the learner draws on to make overt responses either verbally, motorically, or both. Each cell symbolizes a unit of information. It is the meaningful response repertoire and the nature of the overt responses emanating from it with which

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Hebb, D. O., Organization of Behavior. John Wiley & Sons, Inc. 1949.

the teacher is most concerned. It is the teacher's goal to increase the quantity and quality of facts and associations in such a way that the learner can become more responsive intellectually and psychologically to an increasingly complex environment.

The two dimensions of responsiveness are particularly important in the education of the educable mentally retarded because of the ease with which the psychological dimension can be sacrificed for the intellectual. A good example of this is in the rote or indoctrination approach to teaching these children. Using this approach, the teacher can build into the children a large array of facts which they will regurgitate quickly, clearly, and mechanically when teacher presses the appropriate button. This approach, while impressive on certain aspects of achievement tests, is not responsive to the child's need for strengthening of his self-concept. The opposite is generally true. In this style of teaching, the outstanding fact acquired by the child is that teacher is the source of his strength and that his is the dependent role insofar as what is to be learned and how it is to be expressed. Teacher, as far as he is concerned, is both prompter and confirmer. How this mode of teaching is avoided will be seen in subsequent illustrations. Parenthetically, it should be recognized that the separation of RR_1 and RR_2 in Fig. 1 is arbitrary and is not meant to suggest any important temporal or spatial separateness.

S_c and S_e represent those stimuli relevant to the learning situation. S_c are the cue stimuli employed by the teacher to give the learner an indication of the nature of the response to be executed. S_e are eliciting stimuli which are used to get the learner into an action relevant to the presented stimuli. Cue and eliciting stimuli may be presented individually or in combination. In all but simple tasks, they are usually in combination. It is here they require the major consideration of the teacher. For example, in presenting to the child the question, how much is 4 and 3? "How much is" is meant to elicit the action of addition while "4 and 3" are the cues establishing the parameters of his action. A teacher conversant with this model would see quickly implications in the different ways of presenting this question, e.g., "what is 3 and 4?" insofar as creating confusion in the total interaction might be concerned.

Setting forth the eliciting and cue stimuli in the model serve the following functions:

1. They call to the teacher's attention the fact that every classroom learning situation takes place within a large stimulus complex and that those relevant to the situation are constantly in competition with other stimuli. This alerts the teacher to the fact that objects, questions, and experiences must be so selected, shaped, and controlled that they remain in the foreground and thereby receive as much attention as the learner can give.
2. They act as one kind of basis for accounting for some of the outcomes of the learning situation. For example, in the event of an inappropriate response on the part of the child, the teacher's attention is drawn not only to an assessment of the child's knowledge but also to the possibility that the nature of the elements of the lesson, as presented by the teacher, are more nearly confusing than clarifying.
3. They give the teacher a basis for anticipating the range of responses possible for any given question or action. This adds a dimension to planning and reduces the possibility of disruption of or deviation from the original plan.

R_x is the child's response to the totality of the stimulus situation. As a unit of behavior, it represents his perception of the stimuli, his effecting a relationship between what the stimuli tell him and what they ask of him. From these data, he refers to his response repertoire and sorts out what he thinks is the appropriate response from all possible responses and brings it forth verbally and/or motorically for the teacher's inspection. When the child's response is correct, teacher knows to reinforce the correct response in terms most appropriate for the responding child. It is when the child makes an erroneous response that teachers employing this method act to accommodate both the intellectual and emotional aspects of the interaction and to thereby take into account the implications of the transaction on the child's self-concept.

All too often, for the sake of fulfilling the lesson plan, teachers tend to correct erroneous responses by providing for the child the correct response. While this procedure saves time, it also acts to confirm the child's feelings of inadequacy. In the present teaching method, the erroneous response becomes an integral part of the transaction. This is illustrated in Fig. 2.

In Fig. 2, the child produces an erroneous response (R_W). Teacher responds to the child's effort by signifying that the response is incorrect but that he is confident that the child can remedy the situation. With children new to the class, the teacher may have to urge the child to re-assess the situation and to generate another response. Children accustomed to this method need only to read the teacher's expression for the cue to return to the stimuli and his response repertoire to produce a new response. By avoiding correcting the child and by getting him to review the total situation, the teacher is building into the child a mediating behavior (m) which encompasses the following: First, the child integrates into his problem solving behavior the facility for assessing the results of his action by observing its impact on others. Second, he learns that it is appropriate to return to the beginning of the transaction to reread the cues as they relate to his response. In this sense, he can realize the value of attention. Third, and probably most important of all to his self-concept, he acquires a feeling of independence that comes out of his recognition of his own efforts which lead to a resolution of the problem even if that resolution consists of his finally stating that he doesn't know.

In order to strengthen the mediator, the teacher may have to quickly assess the function of the stimuli and modify or alter them in such a way that they become more clear to the child. Sometimes this means substituting less complex stimuli for those that teacher thought appropriate. At other times, it may mean adding more cues. In either case, it means that teacher must work to eliminate all but intellective factors before concluding that the error is a function of the child's lack of information or his unwillingness to respond because of psychological problems.

By adhering to the present method, the teacher is teaching and testing at the same time. He becomes aware of the meaning of certain behaviors and the type of action for which they call. For example, when the child's responses persist in being somewhat random, the teacher can recognize that the child is either misreading the cues or that the appropriate response has not been built into the child's repertoire in sufficient strength to suppress other related responses. If it is the latter, the teacher recognizes that he is moving faster than he should be and returns with the child to an earlier level in order to establish the response more firmly. This is also a constructive pattern in many cases where the child is unable for psychological reasons to fulfill his portion of the transaction. Again, the teacher reconstructs the teaching situation at a level and in a form that will assure the child's being successful. As the mediator becomes integrated into the child's behavior and as his self-concept becomes strengthened, his entering into the learning situation becomes more comfortable for him and more frequent.

Limitations of time do not permit for more than the few examples of the teacher-pupil interaction discussed. Omitted are examples of how the model is employed in other than academic settings as well as the entire procedure for decision-making in structuring lessons aimed at the learning of and extending of concepts. Nor has the function of the maturation-learning sequence been discussed as it governs the selection and sequencing of learning in a given area. In terms of management of learning, we have not illustrated how the teaching method and model help to account for such impedimenta as proactive, associative and retroactive inhibition and the remedies these call for. These and other factors occupy important positions in the preparation of teachers and are more appropriately described in a more extensive and formal document.

Suffice it to say that behavioral modification in children that will lead to creative thinking in retarded children need to be products of well-organized purposeful actions on the part of the teacher. The foregoing is an attempt to lend organization to teaching behavior.

FOOTNOTE

[1] Goldstein, Herbert and Seigle, Dorothy M., the Illinois Plan for Special Education of Exceptional Children, Circular Series B-3, Number 12, 1958.

INFLUENCE OF CHANGES IN EDUCATION ON THE MENTALLY RETARDED AND THE RESULTANT SOCIAL EXPECTANCIES

by

Kirk Seaton

All of us in education with memories going back more than a decade or two often feel amazed, and sometimes confused, over the rapid changes which are taking place in the national scene. Before World War II, education's role was perceived as the attainment of rather narrow academic goals. Funds were very limited. The trickle of educational research came almost entirely from the sideline efforts of professors of education who carried a full teaching load and from the small number of doctoral candidates who laboriously brought forth dissertations. After Sputnik, educators were suddenly made to feel that the lag in national defense was the result of flaws in our educational systems. Then the winds of national opinion shifted again. Today I see three broad trends in national thinking about education which I believe will be long-term. All of them have a close relationship with the topic for today's consideration.

First, there is the concept of a great society based on the affirmation of human rights and the essential dignity of all -- an all which includes every minority group, which includes the poor, which includes the ignorant and the children of the ignorant, euphemistically referred to as the culturally deprived, and which includes the handicapped. These groups are no longer to be denied the fruits of the social order. Their isolation from the main stream of society, their poverty and deprivation is no longer viewed as a private concern, as a burden which belongs to them alone, but as a public concern which must be borne by all. This thinking represents an almost complete reversal of nineteenth century individualism and laissez-faire capitalism.

Second, we find the conviction that the welfare of society as a whole must depend on the fullest development of the potential capacities of all. We not only have a moral obligation to better the lot of the Negro sharecropper, the grade school drop-out and the handicapped but also their lack of skill, their inability to make a real contribution to a technological society constitutes a source of national weakness, a threat to national goals which cannot be tolerated.

Third, we have not only a rapid increase in the proliferation of knowledge in the behavioral sciences but also a national commitment to further speed up the acquisition of new knowledge through public support of research. Three decades ago the plan to create national educational research centers, to support research in psychology and in mental retardation, would have seemed to the lonely doctoral candidate, plugging away in the back stacks of an inadequately stocked university library, like the most far-out science fiction. This drive arises from the conviction that human behavior is to a great extent modifiable if we but know the key. It no longer suffices to explain a school drop-out as due to shiftlessness or lack of interest. The public wants to know what causes shiftlessness or disinterest and what can be done about it. They want the problem solved if it is solvable in the present state of our knowledge. If our present knowledge does not suffice we are being told to work upon the problem until it is unraveled. A society which is well on the way to landing a man on the moon should be able to motivate, to unlock creativity and to develop the talents needed for carrying out a productive role in a technological age.

How do all these changes impinge upon the education of the mentally retarded and upon the social expectancies for them? There is the mounting evidence that functional capacity including all those subsumed under the term intelligence, is much less fixed than was formerly thought to be the case. An excellent presentation of this evidence will be found in J. McV. Hunt's, "Intelligence and Experience." This has broadened our hopes without impairing the hard realism of those concerned with the education of the mentally retarded.

Furthermore, there is the accumulating experimental evidence that the day-to-day transactions which the individual has with the environment modify personality and adjustment. Under the aegis of all the earlier work stemming directly or indirectly from psychoanalytic concepts, formerly it was rather widely accepted that the family interrelationships, oedipal situations, weaning traumas, etc., set the pattern of personality and determined whether neurosis did or did not develop. If Mary Smith had a sarcastic, incompetent, third grade teacher it might make her unhappy for a year, it might have considerable effect on her mastery of arithmetic, but it would not change Mary Smith's personality. Changing her personality to any significant degree could only be done, if it could be done at all, through a prolonged psychoanalytic or psychotherapeutic process. It is now rather clear that personality is always changing for better or worse as a result of the onflow of experience although of course the personality at any one moment is the resultant of all past experiences and the reactive systems which have developed in the individual. These onflowing experiences include those which children have in school. Such experiences result in pervasive personality changes including changes in what we call adjustment and mental health.

Out of this increased knowledge has come the conviction that there must be in the classroom a psychological atmosphere which is integrative and not disintegrative of personality. This conviction is also reinforced by the finding that the acquisition of the traditional academic skills which have always been the central responsibility of the school are influenced as much by personality adjustment as they are by intelligence. There is a further factor which is not yet powerful but which has been slowly gaining converts. It is the belief that the incidence of serious maladaptive personality patterns are so widely distributed in the population that they can never be adequately dealt with by psychiatrists and psychologists working on a one-to-one basis because there will never be enough experts to go around. This is one of the principal sources of interest in group methods. It is also a motivation for the question: "Why can't the classroom play not only a prophylactic but also a therapeutic mental health role?"

I would be remiss if I left the impression that these powerful trends are being accepted with satisfaction by all segments of the educational community. Quite the contrary. There is much anguish. There is doubt. There is a feeling of inadequacy. There is rejection. For one thing, the issue is viewed on an either-or-basis. This dichotomous either-or-thinking has run through a whole range of discussions of educational issues. The schools must be either committed to hard core solid subjects or be child-centered. There must be either strict discipline or indulgent permissiveness. The schools must either teach the three R's or life adjustment. The teacher could either be a controlling head of the classroom or a therapist, not both. It must be conceded that the therapeutic milieu is somewhat alien to the training and predispositions of most teachers. The traditional modus operandi of the teacher, which is still the almost universal practice, is based upon ordering and directing, external control through the use of reward and punishment, principally punishment, and sitting in judgment. Operating in an entirely different frame of reference is difficult.

Nor are the new trends greeted with enthusiasm in all therapeutic circles. In the realm of medicine it is often held that anything denominated therapy by definition falls within the medical domain. The status of the therapist, be he psychologist or psychiatrist, rests upon his therapeutic skill acquired through long and arduous study. The notion that therapeutic effects may be attained even to a limited degree by teachers threatens this feeling of personal status. The therapist is also intensely aware as a result of his prolonged study that personality formation and therapy are exceedingly complex processes. He perceives the conscious attempt to bring about personality changes in others without a prolonged study of these processes as dangerous, presumptuous and meddlesome.

Teachers themselves are equally resistant to change. The professional model held up for teachers during the training process has largely glossed over or superficially dealt with the psychic effects which are inevitably admixed with factual or skill learning. The average teacher's exposure to formal training in psychology is still very limited. These courses are generally presented at a time in the student's professional training when there has as yet been little contact with the primary subject matter of the courses -- children -- and the courses are of a superficial, survey type. When teachers of such background attend workshops such as this and hear discussions about the mental health role of the classroom, the teacher as a molder of personality and the like, I am sure they must feel like a plain and prudish girl receiving her first seductive talk from a male: flattered, flustered, curious yet at the same time suspicious of intent, insecure and inclined to panic.

As a consequence of all the forces I have enumerated, what we know about the deeper effects of classroom experiences on children, and more particularly what we know about changes which can be brought about by deliberate intent, is based on a rather small body of research when compared with the amount of research on other behavioral settings, for example the research on therapy in the clinic, or research on reading. Nevertheless, I feel that teachers cannot be deterred because the psychological processes involved are not yet fully understood. The physician has always had to practice according to the current state of the healing art because the sick came to him seeking help. We as teachers have the children with us -- the disturbed, the aggressive, the withdrawn, the retarded. We must teach them to the best of our ability according to the present state of the teaching art because in all conscience we can do nothing less.

Let us turn now to methodology. At this point I wish to make a distinction between two mental health aspects of the child's educational experience which I mentioned earlier. One I termed prophylactic, the other is therapeutic.

The prophylactic classroom does not make the disturbed child any worse. It provides a setting in which the natural, healing, integrative forces in the personality are not impeded. Let me give some specific examples of what does take place in the classroom which is not prophylactic.

The child is given concepts to wrestle with which he is unable to grasp. He is given a feeling of failure because he did not grasp the concepts. This feeling of inadequacy may be imparted by a report card grade or the direct comment of the teacher. It may be communicated but communicated just as sharply by implication. "This is what the teacher expects of all class members. The teacher represents the community including my parents. I did not do what the others did. Therefore there is a grave flaw in me." The child's sense of personal worth may be repeatedly torn down by the teacher's direct comments such as: "You ought to be ashamed of yourself." "Your parents would feel disgraced if they knew how you were behaving." This rejection by the teacher leads eventually to rejection by peers except those few who are also outcasts from the social world of the classroom. Lippitt and Gold's study of classroom structure as a mental health problem among many which might be cited, has demonstrated that this kind of destructive atmosphere is quite typical of American classrooms even today. The leather lash may have been discarded but the tongue lash is still with us.

The prophylactic classroom is not characterized by anarchy. There is discipline, even punishment, but there is always a feeling that you are accepted as a person, that you have inner worth.

The prophylactic classroom is not characterized by a low level of or indifference to academic accomplishment. Indeed all the evidence would indicate that academic accomplishment is greater in prophylactic classrooms. However, status is not dependent entirely on competitive standing in the class. Rather each child is helped to focus on the solid fact that he is acquiring skills useful to him, that he can do things now that he could not do before, that he has put forth effort, overcome obstacles and reached a goal.

Hostility is not built up in the prophylactic classroom,

Lippitt, Ronald and Gold, Martin. Classroom Structure as a Mental Health Problem. Journal of Social Issues, 1959, 15 (1) 40-49.

nor are the children encouraged to turn their hostility on each other by scapegoating.

The therapeutic classroom is the prophylactic classroom plus. The plus which it must have arises from the nature of the neurotic defenses which are developed against anxiety and guilt. These defenses are based on repressions into the unconscious, on distortions of reality, on the redirection of aggressive and libidinal drives so that they are less threatening, on the disavowal of feelings and ideas, on withdrawal into the self and the other psychic defenses which all of us have to a greater or less degree.

As a consequence of the nature of these psychological or neurotic defenses, therapy of whatever school -- psychoanalytic, Rogerian, eclectic or what have you -- and wherever practiced -- on the Freudian couch, in group therapy or in a classroom -- must have certain characteristics. There must be a concentration by those undergoing the therapeutic experience on their own behavior and on their feelings, on the self.

There must also be through a variety of techniques, a continual process of self-confrontation. The mirror is always held up and the client asked to look again. "What do you mean by that?" "How do you feel about that?" "Why?" Often the therapist by his very inactivity, his silence, his paraphrasing of what the client said, compels the client to keep talking, examining and re-examining. Therapy is also characterized by an atmosphere of safety. Psychological defenses are always developed because of the threat of loss of self-esteem or acceptance by others. The client's relation to the therapist must be one of security. The therapist will accept the person as a person no matter what his weaknesses. This is not of course the same as condoning his faults. The distinction is very real and fundamental and closely akin to the ancient religious perception of the difference between the acceptance of the sinner and the acceptance of sin. In group process support comes not alone from the therapist but also from the group. The individual finds that others are like himself in possessing socially unacceptable feelings. Members of the group help each other in the process of self-confrontation.

The teacher who finds herself disturbed, shocked or up-set by the hostilities, urges and antisocial behaviors found in any group of children should keep the class focus on the more factual and intellectual aspects of learning. The teacher who cannot relinquish at appropriate times a judgmental attitude, a need to express approval or disapproval or a feeling that silence equals condoning should not undertake therapeutic methods. I once inspired a fifth grade teacher to undertake some human relations lessons in her classroom. She did it well. The children who came from underprivileged homes analyzed other people, each other and themselves. They made startling self-revelations even with me in the room as a visitor. I thought the sessions a great success. To my surprise the teacher came to me and announced that she planned to terminate them. I asked, "Why?" She said the strain of it was too much. "Where was the strain?",I asked. She had only to lead the discussion and ask clarifying questions. The strain, she explained, resulted from holding in judgmental statements. If a child told how he stole from the five and ten or tormented his sister she wanted to say,"Oh you mustn't do that. It's wrong." The fact that the child's classmates were making evaluations did not relieve her own need to make evaluations. Of course she did not long remain a classroom teacher. They made her a principal.

Within this rather broad framework the development of psychological insight in children may be developed in a number of ways just as is true of other aspects of the curriculum. As is the case with reading, arithmetic or art some teachers feel most comfortable when human relations discussions come at a scheduled time and follow a prearranged guide. Others prefer to discuss human relations problems as situations arise. Some prefer a formal stimulus to start discussion. Others seize an opportune moment and allow the session to go where it will.

One of the earliest if not the earliest of the formal approaches was that of Bullis (Bullis and Kelly, 1954) who was not an educator but a retired army officer who became an active figure in the Delaware Mental Health Association. Bullis developed and eventually published a series of stories followed by discussion questions. Each story illustrated in the behavior of the characters a psychological mechanism or principal. The children were encouraged to analyze the reasons for the behavior. From there consideration naturally moved to examples drawn from their own experience with others and from there quite frequently to self-analysis. This rather formal structure may seem rather old-fashioned to some of us but I have seen some wonderful illustrations of its effective use in the hands of teachers who while remaining within appropriate therapeutic limits, knew how to draw out and to get pupils to clarify and elaborate.

Ralph E. Ojemann, of the Child Welfare Research Station of the University of Iowa, has conducted research on the development of psychological insight in children through classroom procedures. He has also developed materials for use with elementary children. Ojemann is convinced that little attention is paid in the school curriculum to human behavior as caused. Various kinds of behavior are categorized as good or bad or these behaviors are described. Thus,in social studies books the incidence of crime may be set forth, and how criminals are caught, tried, etc. described, but little if any instruction is given as to the causative factors in antisocial behavior. The label is considered an explanation. A teacher has recurrent difficulty with a pupil. She scolds, rebukes or punishes him. The class is warned not to follow his example. Teachers trained by Ojemann would use a different approach. The class including the pupil himself would be asked to focus on the problem. An attempt would be made to uncover the dynamics of disruptive behavior. Having arrived at some conclusions concerning the dynamics, everyone would have to pitch in with suggestions as to what could be done so that the pupil would no longer need this disruptive behavior as an outlet. This is certainly a much more educational approach than the methods usually followed. The problem pupil has a self-confrontation. Responsibility for change does not rest with the teacher alone but is spread to the whole class. This makes for greater group cohesiveness and encourages maturity of behavior in pupils.

The Group for the Advancement of Psychiatry has reviewed the Ojemann materials and commended them for their realism, emphasis on multiple causation of behavior and absence of a judgmental, black-white, right-wrong approach.

Teachers using this approach make use of problems or daily living as points of departure for the study of cause and effect in human behavior. In addition there is a reslanting and shift of emphasis in social studies, reading materials, home economics and the like. A fifth grade social studies unit poses these questions for the pupils:

1. What are the needs the people are trying to satisfy?
2. What methods are they using to work out their feelings?
3. What are the effects on other people as a result of the methods chosen to work out those needs or feelings?
4. What might happen if other methods were used?

At the primary level a causal behavior-orientation is begun in the pupil's first of all by day-to-day demonstration through the teacher's own behavior. Children probably learn more by what adults do than they learn by what is said. As Ojemann explains: "How the teacher handles the day-to-day situations in the classroom and on the playground, the extent to which the teacher seeks to know the child's ambitions, concerns and abilities, and makes use of this information in planning his program of work and understanding his behavior before dealing with it, are examples of experience that affect the growth of a causal orientation."

The Ojemann group has also developed a variety of materials which can be read to the children and discussed with them. These materials include stories in which there is a contrast between the understanding and the superficial approaches. In one story a boy is getting into fights. The

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Ojemann, R.H.; Levitt, E.E.; Lyle, W.H.; Whiteside, Maxine F., "The Effects of a 'Causal' Teacher-Training Program and Certain Curriculum Changes on Grade School Children." J. of Experimental Education, 14, (2), 95-114, December 1955.

teacher's first impulse is to send him to the office but better judgment prevails. Investigation reveals that the boy is being teased and the cause of the teasing and the problem is attacked at that level.

Several experimental studies have tested the results of these instructional directions, Ojemann, Levitt, Lyle and Whiteside have reported that classes subjected to the experimental treatment showed a reduction in punitiveness, that is, a tendency to be immediately punitive toward others as measured by the Problems Situations Test. It has been demonstrated that there is a relationship between scores on this test and authoritarian disciplinary methods of parents as well as a relationship between scores and extra and intrapunitiveness as measured by the Rosenzweig Picture Test. Other studies have shown a reduction in antidemocratic tendencies as measured by other instruments. The effects of these curricular changes are pervasive. Ojemann reported that absenteeism and tardiness were significantly lower in experimental groups.

Let me proceed now to a completely unstructured approach coupled with a vigorous experimental design. I refer to a study conducted by Dr. Mallinson of the Department of Psychiatry of the University of Toronto and reported in an unpublished doctoral dissertation but described briefly by Seely in the Personnel and Guidance Journal for February, 1959. The experimental variable is a free discussion period for 55 minutes a week for six months -- no focus on human relations or behavior, just an opportunity to discuss whatever was of interest to the class under a teacher trained to be non-directive. The teacher called on discussants and helped students clarify their statements but he avoided expressing any personal feeling or opinion or channeling the discussion in any direction. The first experimental group was composed of tenth graders matched with a control group on ten variables including grade, sex, age difference of less than 12 months, I. Q. difference of less than ten points, ethnic background, religious affiliation, family status and length of time in the community. A second experimental group of sixth graders was similarly matched. The sixth graders also had free discussions once a week but the discussion periods were 35 minutes in length rather than 55 minutes. The whole school population in which the experimental and control groups were contained was rated and tested three months before the experimental discussions began. Fifteen months after the discussion periods ended the entire school population was again tested and re-evaluated. In between the close of the discussion sessions and the final testing and evaluations the pupils had been advanced in grade, re-scheduled and mixed in the general pupil population.

The experimental groups showed the following statistically significant differences over the control groups:

> They perceived themselves as better adjusted as measured by self-ratings on the California Test of Personality. Teachers perceived them as having better mental health according to mental health rating scales.
>
> For the tenth grade group, pre and post experimental marks were compared in English, History, Mathematics, Physical Science, Foreign Language and Physical Education. The marks of the experimental group as compared to the control group were significantly higher in English, History and in total average for all subjects. This is a particularly interesting finding in view of the fact that the experimental group's free discussion period was taken from the English class so that for a period of six months control group members were in sections having English five days a week while the experimental group had English four days a week.
>
> The tenth graders on a physical health inventory reported themselves as having fewer complaints generally considered to have a psychogenic connotation.

I report this experiment at some length because the experimental condition was completely unfocused and open -- students could talk about anything that concerned them. The teacher had to make no preparation other than training in non-directive discussion leading and the results were solid in terms of the traditional primary values of teachers -- academic achievement and school adjustment.

What did the children talk about? Almost everything under the sun. Generally less personal things at the beginning then as the feeling of security grew, closer and closer to deep personal concerns. One sixth grade, for example, moved in a period of weeks through this sequence: the nuclear bomb, the effect of nuclear attack on their town, disasters of other kinds that might happen, then "other things we fear," high places, failing, "my dad's belt," fights, conflicts at home, stage fright, facing all those adults, "you always have to face adults," a teacher "she expects. . . , she thinks. . . , she tells you. . ." Finally a bold soul says "Couldn't we ask her how she feels about us?"

There is an aspect of today's topic which I have purposely avoided until this moment but the time has come to consider it in connection with the next methodology I wish to touch upon. There has long been a difference of opinion concerning the efficacy of any psychotherapeutic methods with the retarded because of their lesser ability to analyze, generalize and communicate. It will be my contention today that there is no apriori reason why methods found effective in the lower and middle elementary grades should not also prove effective with educable pupils, particularly those at the upper age levels. However, the role playing method probably makes less demand on the abstracting, analytical powers of the retarded pupil. It is more concrete, more adaptable to the direct expression of emotion; it is more visceral.

For those not familiar with the role playing or sociodrama method, it should be explained that children assume roles and act out a situation without any pre-arranged lines. The situation should be one with which the class can identify and usually one with an emotional loading, but not one which specifically relates to any particular individual. Often the dramatization deals with some immediate concern of the members. Samples might be how a good mother would keep brothers and sisters from fighting. This drama might be repeated a number of times with various children presenting their interpretation of how a good mother would act while others ad lib as to how they feel the children would respond to the different maternal approaches. If playground altercations are a problem, one may be dramatized with instruction to act in such a way that good feelings are produced. Or the problem might be the bringing home of a bad report card.

Generally there is some discussion before the sociodrama begins to help the participants imagine themselves in the situation and to think about what must have gone before the crucial episode is to be unfolded. Generally this warm-up precedes the call for volunteers to play the parts. Hence the whole class has tried to project itself into the situation before the play begins.

After the presentation comes analysis. When A said such and such, would B have responded as he did? Often, other children have quite different interpretations and they are given their chance until a number of variations have been presented and discussed.

One of the advantages of role playing is that it requires children to put themselves through imagination in quite different roles with appropriate feelings and concerns. John, who is no angel, is warmed up to imagine himself a principal who must run the building, keep order, report to the superintendent, and support his family. What should this principal say to a disorderly boy under such and such conditions? Imagining and acting out the role will of course bring some change in how John perceives the responsible adults around him.

Whether or not sociodrama helps the class, I can guarantee that it will deepen the teacher's insight into the concepts of her children and the modes of interpersonal relationships to which they are accustomed outside the classroom.

There has been a trickle of reports on results of various psychotherapeutic techniques with the mentally retarded going at least as far back as the 1930's. A variety of methodologics including group methods are described in the literature. In most of the studies the subjects have been institutionalized retardates. This whole field as an area of research is difficult. The measurement aspect alone poses complex problems. In such circumstances, it is not surprising to find in the literature reports of both success and failure.

Let us look at some of the reported successes. Thorne introduced psychotherapeutic counseling at the State School, Brandon, Vermont, and reported good results in 1948. This counseling was largely individual. Kaufman used group methods to induce social and emotional attitudes which would enable institutionalized defectives to be successfully returned to the community. He reported that the chance of self-maintenance in the community was thereby increased. Mehlman used group play therapy with institutionalized retarded children ages 5 to 12 and reported a significant improvement in adjustment as measured by the Haggerty-Olson-Wickman Behavior Scale after 29 play sessions of 50 minutes each. Abel reported favorable results using flexible methods with retarded subjects with rather serious adjustment problems such as biting, open masturbation and extreme withdrawal. Bryer and Wagner, using institutional experimental and matched groups of retardates and role playing as the experimental treatment, reported that there was a spill-over into the academic subjects, with the therapy group scoring higher on the Stanford Achievement after a treatment period of 12 weeks. Harris and Sievers used as subjects aggressive retarded girls. With a permissive classroom atmosphere there was a decrease in negative behavior after exposure to the permissive atmosphere lasting one to two years.

While the evidence for changes in the mentally retarded through classroom methods may be thin, we must face the fact that solid experimental evidence for the value of much that we do is still rather hard to come by. Like the early pilots who had no gyroscopic compass, artificial horizon, etc., we have to fly much of the time by the seat of our pants -- that is by the feel of the situation, the sensitivity to changes in children based on training and experience. Under such circumstances I feel the methods I have described well worth a trial by those who believe they have a personality congenial to them.

INNOVATIONS IN CURRICULUM DEVELOPMENT FOR THE MENTALLY RETARDED

by

Rozelle Miller

We are all familiar with many curriculum guides that we have either used or reviewed from time to time. The majority of these guides contain many good features, many useful ideas, many suggestions for activities. In general they represent the accumulated wisdom of many years of teaching experience. Why then do we speak of new curriculum guides, innovations in curriculum, and the need for change? New guides and new approaches to curriculum are needed because the present guides are universally weak on three important points:

1. They do not give effective means for basing instruction or training on the behavioral differences in the individual children.
2. They lack a systematic unifying theory. Most guides are an eclectic combination of many different theoretical approaches.
3. They do not give enough considerations to social adequacy and adjustment factors in our rapidly changing society.

Two weeks ago I had the privilege of visiting a special class taught by a master teacher. This class contained ten children ranging from seven to nine in chronological age and from 40 to 78 in I.Q. There were children who had been various diagnosed as brain-injured, mongoloid, perceptually impaired, epileptic, autistic, emotionally disturbed, and hydrocephalic. All had been additionally classified as mentally retarded. Each child was different in his approach to learning. Some had had previous classroom experience; some had not. Some came from homes offering a rich background in social experiences; some did not. Each child brought with him a part of his home, a part of his community, a part of his neighborhood. Each child had already developed a strong self-concept; he knew that he was different from other children.

The teacher showed us his plans for the year, his plans for the month, and his plans for that day. He presented us with a folder for each child which contained all types of work ranging from readiness assignments at the beginning of the year to more advanced work at the present time. Each child's folder also had a profile sheet showing considerable progress in some areas and less progress in other areas. Many types of diagnostic tests were included in the folder. Weaknesses and strengths were pointed out; an anecdotal record was included.

The teacher had been fortunate in knowing that he had been assigned most of these children two months before the start of school. This had given him time for home visits, study of the folders, tentative curriculum planning, and preparation of materials. Even though many of these tentative plans had to be changed as the year went on, the time spent getting to know the children prevented many mistakes during the school year.

This long example has been introduced for a purpose. Although it is perhaps unrealistic to expect educational administrators to make all class assignments two or three months before the start of the school year, it is not unrealistic to expect them to allow sufficient time for the teacher to get to know the children's abilities and performance levels in detail. Planned curriculum materials are of little value unless the teacher knows the children's level of performance and has realistic expectancy goals for each child.

The assessment of the child is a multidisciplinary activity. It is not the private domain of the psychologist, the teacher, the physician or the parent. All these individuals must pool their knowledge of the child to determine both the diagnosis of mental retardation and the child's prognosis for classroom work. Let us begin with the other disciplines leaving education until last.

The parent already has much anecdotal material about the child which can be of help to the professionals. Parents should be helped to make systematic observations of their children which can be of help to teachers and psychologists.

The medical profession makes diagnoses which may include such things as a neurologist's diagnosis of brain-injury. Such information is needed by the teacher, but of itself it is of little help. The term "brain-injured" does not really tell us much about the child. It gives no clues as to his rate of learning, behavior, personality, or ability to get along with other children.

The information provided by the psychologist must also be interpreted by the teacher. No psychologist can directly test the capacity of the child. He can merely take samples of the child's performance, compare this performance with the performance of other children on similar tasks, and make a predictive statement about what this child is likely to achieve. If his predictive statement is 50% accurate, he has done his work well. The I.Q., for example, is merely a predictive statement about how the child can be expected to succeed in traditional school activities. The I.Q. picture is complicated by environmental factors, health factors, cultural problems, and personality problems. It is an important part of the child's profile, but its use must be limited to what it was designed for: a statement about likelihood of school success. A school program cannot be based on a simple psychological diagnosis any more than it can be based on a simple medical statement such as "brain-injury".

The final educational diagnosis of the child must be left to the educator. Using the parents' reports, medical profiles, and psychological test results as sources of information, the educator must go on to assess the child's behavior in educational terms and plan a suitable education program based on that behavior.

The first innovation which we are proposing in curriculum is placing the observation of behavior in its proper place in curriculum planning. The term "behavior" is used here to include the academic, physical, and emotional characteristics of the child. By behavior we mean observable acts of the child. In order to develop any scientifically accurate approach to education we must base our thinking about children primarily on what we can objectively observe. We should not form judgments on our own reactions to the child with little supporting evidence. We can see only what he does, and any educational diagnosis must be limited to these objective observables.

It is necessary to use procedures that constantly check facts and verify conclusions. Then we must look for patterns of behavior or factors in the child's environment that keep recurring in the situations we are observing. We can then classify this material into categories indicated to be significant by these recurring behavior patterns. We can see how a child is performing now; we can discover how he performed a year ago, a month ago, or a week ago. We should then proceed to set a goal, a curriculum goal, in terms of the behavior which we expect today, next week, or in the course of the year. Curriculum planning then becomes the process of deciding what means to use to insure that the child will acquire the behavioral goals which we as educators have realistically set.

We can analyze this process in six steps:

1. The teacher determines that the child is ready for a given activity. For example, if we wish to teach a severely retarded child how to tie his shoe, we must be sure that he is developmentally ready for this activity. Does he have enough coordination? Does he know what shoelaces are? If we begin the activity before the child is ready for it, we will frustrate the child and do more harm than good. Noting that the child does not know how to tie his shoes does not tell the teacher as much as the observations that:

    a. the child, although ten years old is poorly coordinated and cannot learn to tie his shoe.
    b. the child, although only three years old, is ready for shoe-tying.

c. the child, although ten years old and not able to tie his shoe, is ready to learn to do so; he is a child of Indian descent who has never worn street shoes.

It is easy to see that these three examples represent three quite different cases of "not being able to tie his shoe." It should also be noted that I.Q. and chronological age do not enter into this readiness discussion directly. They may be clues to readiness or expected readiness; but the I.Q. does not tell us a thing about the child's day to day performance. The class I mentioned a few minutes ago in my example seemed far too heterogeneous in terms of I.Q.; yet all these children were on readiness and pre-reading levels for various reasons. They were behaviorally fairly homogeneous.

2. The teacher introduces the activity to the child. At this step we consider what means the teacher uses to make the activity:

a. known to the child
b. desirable to the child
c. interesting to the child.

Motivation is an internal characteristic which is often hard to assess. The teacher, however, must not sit back and hope for motivation. The most important roles of the teacher in the learning process are:

a. sequencing the materials
b. motivating the student

All other parts of the learning process can be carried out by the student himself with some guidance from the teacher.

3. The child attempts the activity. We are assuming that the only way to learn is learning by doing. Too many of us give only lip service to John Dewey; what

he said about activity and the learning process should be utilized.

4. The child performs the activity but still needs the teacher's help. This step may last for a few seconds or a few weeks depending on the activity and the child involved.
5. The child performs the activity by himself in the classroom. This is the curriculum goal for the classroom. In most curriculum guides it is placed first. Its new position shows its relationship to the process of developing behavior.
6. The child performs the activity independently outside the classroom. This is the real curriculum goal. The learning that takes place in school is useless unless it transfers into real life situations. Sometimes the mentally retarded child must be specifically trained for transfer; his normal peer is usually assumed to transfer without help -- often this is a gratutitous assumption. Awareness of this final step will help us make sure that we are using appropriate curriculum items. School activities without transfer potential, other than physical exercise, are useless; the brain is not a muscle which needs exercising.

But why all this discussion of behavior? Very simply, in the final analysis learning is essentially the process whereby we obtain changes in the behavior of children. Children "learn" even without school; they learn all the time during their developmental years. It is the job of the school to make sure that the child learns certain socially useful things and does not learn certain socially harmful things.

In addition, the retarded child's manner of learning is complicated by:

a. a slower rate of learning
b. uneven patterns of learning
c. problems with verbal learning

Many definitions of curriculum have been proposed. It has been said that education is far more than what goes on in school. Robert Mason in *Education Ideals in American Society* speaks of education as being "enculturation" -- the total complexity of social influences playing upon a human being to make him what he is. Our society has relegated the "formal schooling" process to professionals, and leaves the implementation and methodology to those who are supposed to know how to do it. The curriculum in practice then is, supposedly, what is planned by the schools to implement good educational practices. It can be said that in the case of the retarded child, the delegation to the professional is more complete than with the so-called normal child. Parents and other members of society admit to even greater ignorance as to *how to teach him* and *what to teach him*. Thus, the child in any school today must be trained both to adapt to a life in today's society and *to incorporate the changes which will occur during his lifetime*. Otherwise, five years after he leaves school, he will find himself a social misfit.

The curriculum of the school then should be twofold (general objectives):

1. To train the child to *adapt to society* to the extent of his ability (a sheltered environment for some).
2. To train the child to incorporate social change after his education is terminated (a sheltered environment for some).

The extent of this adaptive process has been spelled out by the N.E.A. in its seven objectives. That all seven of these objectives apply to the mentally retarded to a greater or lesser extent is too obvious to need extended comment. The majority of curriculum guides break these seven N.E.A. objectives into smaller components for the mentally retarded and usually cover the following ten areas of persisting life problems:

1. Communication
2. Home and family

3. Citizenship
4. Physical and Mental Health
5. Safety
6. Social Adjustment
7. Leisure time
8. Management of money
9. Occupational adequacy
10. Travel

The second of the general objectives is the most difficult for teachers of the mentally retarded to achieve: to train the child to incorporate social change after his education is terminated. The impact of the accelerated change, taking place all about us, inhibits its accomplishment. The "space age" has had a tremendous impact on all education. President Johnson in his inaugural address on January 20, 1965, referred to the rate of change when he said, "Even now, a rocket moves toward Mars. It reminds us that the world will not be the same for our children, or even for ourselves in a short span of years......Ours is a time of change.... rapid and fantastic .....shaking old values and uprooting old ways."

Douglas Aircraft is now studying the possibility of building a ballistic transport, a reusable rocket capable of projecting passengers from Los Angeles to Tokyo in thirty minutes. This imminent mode of travel will have striking effects upon the people of the world. Along with instant TV communication to all parts of the world, soon to be a reality as a result of "Comsat" network, which will utilize satellites hovering 22,000 miles out in space, the world will indeed become a small place. I foresee in the not too distant future, instant mail, instant newspapers, world-wide entertainment, sharing special class programs among countries. Can we envision the impact of such rapid communication on the diffusion of knowledge and the consequences for society, for the individual, for the schools -- for special education!

The advances made in such fields as medicine have brought about an increase in the life span of handicapped individuals. We are now beyond the third billion in world population. By the year 2000, it is estimated that the world will contain six billion people. The increase or decrease in incidence of handicapping conditions in the world population depends on the findings of basic research and preventive medicine, as well as upon our ability and willingness to implement such findings in program changes.

Federal legislation is now providing large sums of money for regular education -- for special education -- for the training of personnel in the field of special education and allied services. Never before have we had such an opportunity to build quality programs, to develop a realistic curriculum, and to provide opportunities for in-service training and workshops.

These changes and projections for the future have a tremendous impact on special education. The ball is being tossed to us. The challenge is clear. Phil Bono of Douglas Aircraft tells us, "We must design today as if the next ten years had already passed." It will take vision, alertness, aggressiveness, perseverance, and ingenuity on the part of every individual directly or indirectly concerned with the education of the mentally retarded, as well as other areas of exceptionality.

Adapting to an existing society, our first general goal has been the focus of past and current curriculum development, but training the child to incorporate social change after his education is terminated should become another general goal in our challenge for future curriculum development. No one, at this time, can predict the future, but developing personalities who can tolerate change, who can transfer learning, however inadequate this learning may be, should permeate curricular content. Some will not succeed, but many will succeed if educators with vision, insight, creativeness, and "know how" plan for comprehensive individualized curriculum.

The first step in planning individualized curriculum is to observe the steps in the learning process. Certain principles related to learning and teaching can be identified and used for guides for the development of effective instructional methods, techniques, and procedures. If effective instruction is to be provided, the teacher of the mentally retarded must be aware of four important steps which are basic to the learning process. These steps are readiness, motivation, performance, and application.

We propose that a sound theoretical approach to learning be utilized in applying the principles of the learning and teaching processes to curriculum development; that in a rapidly changing society, curriculum items must be designed to develop personalities who can tolerate change and apply transfer of learning when possible.

EMOTIONAL DISTURBANCE IN JUVENILES

by

Ralph Brancale

This seminar will concern itself with the problems of the emotionally disturbed child. In the psychology of maladjustment, we must be constantly aware of the fact that in all children, emotional problems tend to express themselves through disturbed impulses, behavioral maladaptations and reactions that are considered delinquent. We can almost say that the emotional problems of children are a predelinquent phenomena which, if untreated and unremedied, will crystalize themselves into more definite delinquent formations.

In recent decades, students of behavior and clinicians at large, no longer tend to view unacceptable behavior as good or bad in terms of moral concepts, but rather as disturbances of psychological and emotional functioning. We measure the problems in terms of pathology; indeed, in many instances, almost as illness. This does not suggest that we either tolerate or exonorate social disorder. It means that we must attempt to develop a more comprehensive and realistic appreciation of what is wrong if we are to succeed either in its prevention or its treatment.

Hence, we must devote ourselves to the process of understanding the nature of the disturbance and the many forms of disorganization which occur, this we can call diagnosis. Unraveling the causes which lead to the development and evolution of pathology may be called etiology. The end results are the dynamic disturbances that we observe and can be called symptom-formation. Finally, there is the great responsibility of developing methods which would stay or remedy a malignant and destructive process, either mild or severe, and this can be incorporated in the general term of treatment. Psychological principles that result from our long experience and observation can come under the general term of prevention. Thus, in the goals set forth for ourselves, it becomes necessary to develop a methodology that involves the many techniques of understanding the problem, the formulation of a constructive classification and, finally, a program of treatment.

So far, the picture appears simple -- the goals are quite clear, but in practice, they quickly become lost in a network of complexity and confusion. We must bear in mind that clinical practice in the past several decades has moved with explosive speed, evoked enormous general interest and conveyed to people that our knowledge of psychiatric phenomena is far greater than is actually the case. Careful and studious inspection, however, may show, at first, that etiology is more often based on speculation than on fact. The evolutionary process in the development of psychopathology can more often be explained in terms of not one school of thought, but of many. Finally, diagnosis can degenerate or may be conceived as a labeling process and, as such, often becomes useless. The label conceived as a diagnosis may no longer represent sound scientific observation and thus becomes meaningless.

Actually, we find ourselves in a very difficult area. The infinite complexity of the human personality, the many imponderables involved are such that we cannot reduce the cause and effect relationship into a neat and simple linear equation. Too often myth is treated as fact while a theory held may be treated as proven, and concepts that we advance as knowledge, may not be based on true knowledge at all. In reviewing the history of psychiatry, it is astonishing to see how very absurd notions for decades were tightly held by the leading minds of the time. In the fifteenth and sixteenth centuries, we are reminded of the widespread idea of witchcraft and demonology as a simple concept to explain insanity. Pinel in the early nineteenth century was met with rejection when he fostered the idea that unfettering the insane and removing them from their dark and dreary dungeons might prove therapeutic. Even then, the few medical minds who were probing new frontiers dared not altogether cast off the concept of demonology. Thus, if we view the present in terms of the past, we must be on our guard concerning the concepts that we advance and their total acceptance. We must bear in mind constantly that blind spots do exist and we should be wary not to accept theoretical postulates as proven and have the temerity to challenge accepted concepts from time to time and not pursue them too blindly. Perhaps the problem of the social promotion is a case in point. It is a laudable concept which has been accepted for many years and, seemingly, thought to solve the problem of the child who could not achieve academic equality with his class peers. The social promotion, thus, became a mechanism to safeguard his ego and give him a sense of social belonging; yet, our attention is called to many cases where this approach, as it is used, signifies complete educational default and paradoxically, it becomes questionable whether ego development is salvaged. It can degenerate to the point where its help to the ego is achieved at the expense of total default in the educational process. Our field is, indeed, polemical and vast theoretical differences exist at all levels of clinical practice. Many books have been written on the origin of developmental personality, but it is soon observed that the subject matter is treated according to the school of psychological thought to which the man belongs.

Perhaps, the discoveries of psychoanalysis have contributed the most to the understanding and treatment of behavioral disorders. Certainly, these discoveries have been most productive in giving a deeper and fuller insight into the underlying processes of the individual. Yet, in psychoanalysis, one finds many variations from the original Freudian theory and in recent years, splintering processes have gone on. From the original Freudian framework, we have Sullivan who placed emphasis on interpersonal relationships; Horney who focused on the existing conflicts and the defenses built against them, rather than the childhood neuroses and experiences; Fromm placing his stress on societal influences and more recently, Rado who is attempting to develop adaptational psychodynamics, considerably removed from the old orthodox psychoanalytical concepts. Whatever the disagreements may be, many of the principles of psychoanalytical theory are generally applied and these include the following:

1. Motivation -- based on a dynamic theory.
2. The concept of pleasure and pain as prime movers.
3. Repression of memories from field of awareness.
4. The uncovering of repressive material through a process of free association or through any other technique.
5. The concept of an unconscious system of psyche activity.
6. The development of a theory of factors which operate dynamically with the specific idea that any single behavior may be causally related to the past.

Whether one accepts or rejects psychoanalysis, some of the basic discoveries in the analytical movement serve as the basic principles in achieving understanding of the patient and modifying treatment.

The Diagnostic Center at Menlo Park is the basis for most of our experiences with the emotionally disturbed delinquent. It is a fully equipped residential clinic that can house as many as 100 boys and girls from the age of 8 to the age of 18. Residency is for approximately three months and during that time, the most extensive exposure to clinical testing and observation takes place. The patient receives a preliminary orientation with full medical tests, including x-rays of the lung and heart, as well as an electroencephalographic study. School tests place emphasis on the capacity and achievement with particular reference to specific scholastic problems. Psychological tests include not only the measurement of intelligence, but personality as well. Projective examinations are prominently used. The psychiatric interview is more fully implemented by deeper techniques, such as narcoanalysis and hypnoanalysis. The total diagnostic process is thus handled by a clinical team which views the problem in depth and from many vantage points. The type of cases studied usually covers the whole gamut of emotional problems. There is the latent predelinquent personality up to the one whose pattern is advanced and deeply seated; those who appear innocuous and those who present a clear and unmistakable hazard to others in the community. The description of their behavior, perhaps, indicates the entire range of abnormal behavior; there is fear of school or lack of interest, and motivation, stemming either from home or school, itself. We find petty pilfering, breaking and entry, the occasional robber, the user of drugs (including goof balls), the arsonist and the vandal. Finally, and more serious, is the case of violence and ultimately, homicide.

Whatever the difficulty, the patient seems to have no true explanation for his offense. Too frequently, the behavior appears quite senseless. Yet, in most instances, when investigation is thorough and complete, this external act is found to be causally related to considerable psychic activity and underlying motivations that are not in the area of consciousness. Of course, not all behavior is to be explained away on the basis of internal conflicts and unconsciously repressed processes. We have learned from long experience that the patterns of maladjustment, either those that are acutely severe or those that are chronic and of long standing, usually emerge from a multitude of extremely complex factors -- some of which are genetic and organic, some external and environmental, but most from experiential content which involves unsolved conflicts and underlying tensions. This is the type of background which frequently leads to the emotional and psychological derangement. A study of personality must be total and, as such, it is first based on biological and genetic roots. Secondly, we must recognize the psychodynamics involved in its structure which are usually studied at the psychological level. Thirdly, we must also recognize the existence of an outer world which is society and the effect of all the pressures and stresses of the social order on the formation and function of the personality. Thus, it is a practical matter for us to divide the important factors of origin into these three general categories: the genetic, the psychological and the societal. We do not imply, however, by any means, that sharp lines of demarcation exist in one separating it from the other. In fact, they do not. This is only a working schematization useful for practical purposes. It is quite obvious that all the problems in the life of a defective child are not to be exclusively related to the genetic. On the other hand, we should exercise as much care in saying that the defects in the social-cultural medium do not necessarily explain all the pathology that we view in the individual.

Personalities may appear at birth with many deficits, some are potential, others are actual. These deficits may be the result of a host of extremely complex factors, some genetic, others chemical, some infectious, others in response to trauma. The terminology is often loose in that we employ words such as mental retardation, brain damage and cerebral palsy. We may also include such concepts as childhood schizophrenia with its bizarre autism, special defects in perception and overactivity. While all these terms denote some organic or constitutional disturbance, they are still popular terms which are quite meaningless to the pathologist for the very definite reason that laboratory findings do not equate themselves with what was seen clinically; in other words, a lesion in the brain does not fit in with clinical observations. This imposes a great responsibility upon the clinician who is forced to develop conclusions that frequently are vague and confusing. In the general diagnosis of such conditions, the attitude of the examiner is important. There are some who may view behavioral disturbances mostly in terms of organic dysfunction. Others, with a more psychodynamic orientation, may seek explanation in terms of life experiences and not in the basic equivalents at birth.

The pathologist is expanding his knowledge and, today, he calls attention to the many hazards the brain of the child faces in the process of growth and development. These hazards are many and are derived from a variety of influences. Generally speaking, the following seem to be problem factors:

1. Immaturity, which is often seen in premature births, but can also be found elsewhere.
2. Genetic disturbances -- those elements in the chromosomes which are so important in determining the course of events.
3. Endogenous conditions, of which the Rh factor is one.
4. Exogenous elements that may include virus infections, chemical changes, radiation, blood sugars, etc.

5. Placental factors.
6. Neoplasms and congenital malformations.

Our problem develops when we cannot correlate the pathology that is in the brain with any clinical syndrome. While some tests occasionally reveal signs of organicity, in most cases the employment of the Rorschach test, electroencephalographic studies and neurological findings, yield very little that points to a distant lesion or to a localized pathology. There are psychological tests that may suggest signs of organicity, but we find that, in practice, secondary proof is impossible to obtain through present methods of examination. Children with suspected organic constitutional defects are apt to create problems in social and educational growth, not only by virtue of the individual defect, but by the many problems of maladjustment that these defects may invite.

At this time, we cannot do much with a person who, at birth, is endowed with defects. In time, with further knowledge as the result of research, many of the deficiencies of birth will undoubtedly be reduced or prevented. An increasing knowledge of biological chemistry, more effective treatment of the infectious process, more conscientious programs of prenatal care, all, undoubtedly, should bring some results.

However, for our purposes, the great majority of the behavioral difficulties of childhood maladjustment are acquired and the focus of our attention should be primarily centered on this group. They are considered to fall under the general term of "Emotionally Disturbed." This label, in itself, means very little, but it does refer to a group of conditions concerning which a vast amount of clinical data is being accumulated. We do know, as is already indicated, that any emotional disorder can manifest itself in many ways through behavioral disturbances and secondly, that these emotional imbalances and personality changes will lead to reaction of a delinquent type, some perhaps mild, others severe.

What can be said about the nature of these disturbances and what general principles can be developed concerning the emotionally disturbed child?

1. We must consider such a condition as a chronic process with an insidious and subtle development. The initial symptoms may be mild enough to be overlooked or brushed aside by parents and others for a long period of time.
2. Etiological factors, seemingly, are found at early personality formations and relate to early biological nurturing needs. The relationship of the child to the mother is of prime importance and the relationship of the child to the father becomes, at a later period, of great significance.
3. States of tensions and conflicts arise when the basic biological needs are not met or are improperly regulated or not fulfilled through adequate relationships. As a result, aggressive feelings, natural to all individuals, which are ordinarily sublimated into worthwhile socially constructive channels are given improper expression.
4. Psychological mechanisms of repression and denial develop. In many instances, the unhappy child is called upon to deny to himself and to others his basic hostilities. These aggressions either undergo fairly complete repression, but more often, are replaced. In some situations, we find that while aggression is still manifest, its direction is changed.
5. Other psychic mechanisms are called into play (such as: substitution, displacement, conversion and projection) and the true underlying motivations which were masked from awareness, exert their influence. It must be noted how the behavior of the individual, in a large number of cases, is related to unconscious psychic activity. The behavior can be said to be psychologically meaningful and symbolic. On the surface, of course, it would appear completely senseless.
6. With passage of time, the personality becomes much more limited in its activities. This is true in most neurotic disorders where the progress toward maturity and reality are impeded. Progressively, the

patient is able to select fewer and fewer channels of constructive expression.

7. The patient, weakened by past experiences, is sensitive to new stresses which only tend to reactivate and reinforce the neurotic pattern of response already established.
8. Emotional disturbance contributes heavily to academic failure. Conversely, school failure can represent the earliest danger signals of personality disturbance. With academic deterioration, the stability of the personality is further aggravated.

In disturbed children, symptoms vary and the behavior assumes many forms, but a study of the underlying strivings would show that they are the same, except for differences in depth and intensity. The underlying motivations, in the first place, involve the necessary expression of hostile and aggressive drives. Ordinarily, in the course of normal events, these are slowly and constructively channeled. In the disturbed child, however, sublimation becomes much more difficult as these drives undergo certain repressive changes and, through circuitous channels, are distorted, displaced and symbolized, finally appearing on the surface as symptoms.

A second group of strivings are those intended to give strength, recognition and self-esteem to the personality. Especially in those whose ego has undergone some damage which has been impaired by negative influences, strong urges are developed which are intended to give it strength and restorative qualities. These urges, of course, lead to overcompensatory phenomena. In boys, for example, strong pressures develop for the attainment of a masculine image and many daring and reckless things are done in its behalf. In girls, the search for attention and love seems to predominate.

An accumulation of clinical evidence finally shows that in the face of impediments, the aggressive motivation which is neurotically expressed, is also able to unconsciously turn on itself. Varying degrees of guilt feelings may partly explain this phenomena, but the motive for self punishment is extremely common in chronically disturbed juveniles. The expression of motivation is greatly oversimplified, but, in general, the three basic trends discussed are found to be true.

Complete diagnostic studies implemented by new techniques enable us to develop more insightful knowledge concerning maladjustment in children and their serious consequences:

1. Maladjustments are acquired, rather than inborn, at least for the most part.
2. The expression of many conflicts and underlying tensions are misdirected instinctual drives.
3. Many complex psychic mechanisms evolve which are intended to solve conflicts or to relieve tensions.
4. Symptoms are behavioral in character.
5. The behavioral act is rooted deeply in unconscious activity. This internalized energy assumes a compulsive quality and the behavior may assume a compelling and repetitious character. There is a natural tendency to attack a symptom, often through controlling or punitive action, in order to obtain adjustment. This usually results in indifferent reaction, if not in total failure.

Only when causes are attacked are we in a position to effect remedial action. In order to obtain this, it is necessary to have a complete study of the problem with a teamwork approach and a competent reconstruction of the psychological life pattern. For example: The arsonist who sets fire to the school may not be aware of his hostilities. Motivationally, he may be trying to express unconscious aggression because of a rejecting mother or he may be taking reprisal because of an overbearing punitive father. Consciously, he is unaware that such motives exist and he tries to account for his behavior on the basis of some unexplainable impulse or some superficial, but seemingly plausible, explanation. The petty pilferer, likewise, may not appreciate that his acts are expressions of deeper needs. No aggression may be obvious on the surface, especially in those cases which present timid, passive, complying attitudes. Yet, the behavior is the result of a neurotic conflict and the aggressive, retaliatory impulses which are at the root of this behavior, are masked and appear only as acts of stealing.

Most cases of maladjustment may be subjected to the same approach with similar findings. Even in school failures, of which there are many, oppositional trends are disguised and the bright student with much potential is found to be academically inert. There is loss of interest and absence of goals. He lives a day-by-day existence. He plummets in his studies to the point of total failure; notwithstanding this, he does not understand his plight and does not recognize that at the root of his performance, there are vast reservoirs of hostility. He would rather describe himself as a lazy individual, for no other explanation is adequate. So, as we see, whatever the overt problem may be in the case of maladjustment, there is an actual reaction to an intrapsychic set of dynamics although the tendency exists to reach into the environment for causal explanation. Of course, as time goes on, the problem deepens. The personality becomes more rigid, the modes of constructive expression become fewer in number and in the face of stress, there is a reversion to the pathological solutions found in the past.

Concerning etiology, the factors are many and complicated. What happens to the individual and when, is of vast importance. For the most part, it would seem that the difficulties involve the relationship of the child, first to his mother and father and finally, to siblings and peers. Of the etiological factors noted, rejection plays a paramount element in the picture. Rejection may assume many forms and varying degrees of intensity. Then, there are factors which relate to inferiority. These threaten the security of the individual and severely impair the self image and the ego structure. These elements may come from social or family structure, may relate to the physical assets and may be the expression of personal defects. Among other factors noted, disturbances and confusions with regard to identification are extremely complicated and important. In every family delicate balances exist involving the relationship of the child to the parents. The boy must gradually emancipate from the mother and successfully identify with his father. This does not always occur. An overprotected and, possibly, overly controlled boy is unable to attain the type of masculine figure he desires and needs. He may waste his energy breaking away from the very dependency which he sometimes seeks. His father may be so overpowering, on one hand, or inadequate, on the other, as to make it impossible for the boy to develop sufficient image strength to become masculine. Such cases exist in every adequate socioeconomic structure. For this reason, we see so many disturbed children and juveniles from the upper middle class. The child who fails to resolve his relationship with his parents is said to have oedipal problems. This is considered to be the nucleus of many of our neurotic disturbances. Sometimes, oedipal relationships are associated with erotic needs. In a few cases, when expressed through violence, the oedipal situation is seen in naked, traumatic form.

If we are to summarize our feelings, we learn that the complex psyche of the individual when burdened with conflicts that are not openly and comfortably resolved, has available at its command a group of psychic devices which are called into play to effect adjustment. In a sense, the difficulties that we observe are really attempts at adjustment. The mechanisms that lead to pathology are intended to assure safety, to reduce anxiety and to defend the individual from threats. These feelings may be converted into physical symptoms, as we so often see at school, or into disturbances of thought processes, which are so common. Yet, in the majority of our children these emotional anomalies and behavior disturbances which involve the whole range of reactions, are essentially the result of neurotic conflicts.

For practical purposes, four working classifications can be devised:

1. Disorders which are the direct result of social and cultural pressures, but where the personality is relatively normal.
2. Disorders which predominantly are related to organic-genetic constitutional factors.
3. Disorders which stem from intra-psychic neurotic dynamics and become chronic unless the central

causes are attacked. (This type predominates.)
4. Disorders which are associated with psychotic states where both the cause and the treatment are not too clear.

Remedial efforts are indicated in conduct disorders; however, such efforts are often neutralized because of the frequency with which counter-measures of a punitive or restraining type are invited. Manipulation of the environment, separation from the group, expulsion from school, residential placement -- all may follow in rapid order, sometimes to be followed by correctional training school placement in cases of failure. There are times when such steps are necessary and advisable. There are times, however, when they only serve to perpetuate the difficulties.

In developing a treatment plan, the school deserves the greatest attention. It is the normal habitat of the growing child. Most of his productive existence takes place in the classroom where success or failure may take place, depending upon what is done. Retardation in academic subjects may represent the earliest signs of impending difficulties. These, too frequently, are ignored, but they should not be. For example: in the many admissions to the Diagnostic Center, it was generally found in over sixty percent of the cases, that the emotionally disturbed child's school achievement was from one to several years below class placement and intellectual potential. Difficulties in reading were especially marked. It is for this reason that the social promotion, while meant to be helpful, can sometimes be inadvisable for it is quite essential that a child placed in a classroom be able to cope with the school subject matter. If he were to suffer a lag of one or two years in achievement, he would become much more traumatized, would be made to feel more inadequate and the seeds of a potential dropout would be sown.

In embarking on a course of remedial intention, we start with the general assumption that the fabric of the child's personality is a part of and an extension of the family. The nuclear problem of most disorders lies within the family picture because of the complexity of the relationships, the crosscurrents of emotional problems and the tensions and conflicts that exist. Treatment must, therefore, involve not only the child, but the family as well.

The treatment in the school must involve the philosophy of individualization and this necessitates:

1. A small setting.
2. At times, a special class for the emotionally disturbed.
3. A supportive attitude of treatment.
4. Remedial tutoring with respect to special defects.

There are times when the severity of the problem requires a more drastic shift in the environmental picture. It may involve the transportation of the individual to other facilities, such as:

1. Foster placement.
2. Placement with relatives.
3. A private school with specialized emphasis.
4. Residential facilities with therapeutic atmosphere.

For many of our maladjusted children, psychotherapy is a cornerstone approach. This involves either an individual type of treatment or one involving the group. Treatment must involve the following:

1. A sense of mútual acceptance -- the patient for the therapist.
2. Development of full respect for the ego of the patient.
3. The establishment of true rapport.
4. Facilitation of communication whereby through a gradual process, more and more of the personal feelings are worked out. (This leads to affectual expression.)
5. The development of insight which together with the integration of personality moves him to maturity and reality.
6. The utilization of whatever creative capacities the

individual has, depending, of course, on the strength to move him towards higher achievement.

THE ADMINISTRATION OF A SCHOOL PROGRAM FOR THE MENTALLY RETARDED

by

Kuhn Barnet

In studying the history of American education, one is impressed and at times shocked to learn of the tardiness with which education has responded to change. It is a conservative estimate that changes at the elementary and secondary school levels have lagged a generation behind technological advancements, population shifts, innovations in economics and sociological adjustments. In speaking at a relatively small conference some five years ago, Dr. Paul Mort, Professor Emeritus, Teachers College, Columbia University, stated that the lag is at least fifty years.

This slow rate of change has applied to curriculum, teaching procedures, school buildings and furniture. During the past sixty years, progress has been made in improving the design of school buildings. This may be accounted for, in part, by the fact that it is much easier for school administrators to see the tangible results of their labors in brick and mortar when compared with the benefits accruing to children, as the result of adjustments or changes in curriculum.

Immediately following World War II, the functional design of buildings began to receive more attention by administrators, school board members, and school architects. Sometime preceding that period, school furniture manufacturers were engaging in research involving the redesign of desks, laboratory furniture and items of equipment conducive to a good teaching and learning situation; however, the old type two-pupil desk with the hinged seat attached in front of the desk top that would serve the needs of two children continued to remain fastened to the floors of all too many classrooms. For two or three generations, this type of seating adorned classrooms in which as many as forty or forty-five boys and girls might be enrolled in one class. The introduction of single movable desks, the use of ball point pens, and neatly decorated rooms housing 25 to 30 pupils have made for a greatly improved teaching situation.

The school programs for mentally retarded children likewise have been slow in making changes. The first special classes for the mentally retarded were organized about the middle of the 1890's. In other words, educators have had seventy years of experience in attempting to provide appropriate and adequate school experiences for mentally retarded children.

In an article appearing in Exceptional Children, June, 1962, Dr. Orville Johnson, Professor of Special Education, Syracuse University, reported on the research that has been done in an effort to compare the effectiveness of the special class versus regular class placement. He called attention to the fact that practically no research was done on the education of the mentally retarded until about 1950.

The Encyclopedia of Education Research of 1960, at the beginning of the section of Mentally Retarded Children (page 835) states, "The past ten years have seen more social action in the field of mental retardation than any other similar period of our history. This topic has even begun to emerge from its role of neglect in educational research." Of the 180 papers or studies listed in the Encyclopedia as references, only 38 carry a date earlier than 1950. During the past 15 years, work has been done by many competent researchers.

The conclusions reached by some of the investigators and reported by Dr. Johnson indicated that their findings supported the view that the retarded children studied by them did as well or better in the regular class as compared with those matched with the ones in special classes. As of now the debate continues between some general educators and some leaders in special education as to the efficacy of the special class.

The slow rate of change in education at all levels from kindergarten and nursery school through the elementary school, the secondary school, college and university has been succeeded by changes being made at such a rapid pace some wit has said, "It is hard to push something going so fast you can't keep up with it." More changes in American education have been effected in the past ten years than in the previous one hundred years.

During the decade of the '50's, the schools had many vocal critics. All that was necessary to accumulate a small fortune was to write a book or to give lectures that were critical of education. Some prominent scientists, industrialists, newspaper editors, and educators placed the blame on the schools for many deficiencies that existed to a minor degree and in some instances did not exist at all.

These critics may have served a good purpose in that there is at present an aroused citizenry clamoring for greater support for education. The business men who formerly resisted expending large sums for education are now advocating increased tax support for public education. Some are making grants and gifts to private and parochial schools in very large amounts. The politicians vie with each other as to one who can offer the greatest support for education. The Federal Government has settled the issue of Federal-aid to education. For the immediate future, billions of dollars each year will go into Federally supported school programs.

We are now seeing a return to the philosophies held by Horace Mann and Thomas Jefferson, and in part, to the beliefs of a large segment of the colonists about the time of the revolution. The latter believed strongly that children should be taught to "read, write and cipher." They were particularly interested in having children prepared to read the Bible and to participate actively in religious activities. Horace Mann convinced New Englanders that economic prosperity depended upon the spread of education, particularly at the secondary level. Thomas Jefferson strongly advocated universal education in order to preserve freedom. One of his statements that is quoted frequently is, "If you expect a people to be free and at the same time ignorant, you expect something which never has been and never will be."

Many of the largest businesses are supporting education with sums of money that would have been considered astronomical a few years ago. Private schools and colleges are benefitting from grants made by large foundations established by industrialists and financiers. Some tax supported schools benefit from similar grants. The public schools and state supported colleges are reaping a harvest of increased financial support from the taxes that these businesses are paying into the state and local treasuries.

Leaders in many areas of national life are expressing forcefully their beliefs that we must have universal education in order that we may maintain our freedom in a world where a large segment of the total population is vigorously advocating a philosophy of life and government that would destroy the American heritage. Our government, our freedom, and the institutions which adhere to principles that are sacred and time tested are all in danger. Those who would destroy us are dedicated to the use of trickery, chicanery. propaganda and war itself. They possess a zeal that leads them to believe that they can control the world. Therein lies a challenge to education and the Church.

It is encouraging that there is a reawakening of interests in education on the part of leaders of both Hebrew and Christian faiths. With court decisions limiting the activities of tax supported schools as to participation in religious activities it becomes all the more important for followers of Hebrew, Catholic, and Protestant faiths to instill into children those truths that under-gird the Hebrew-Christian philosophy of life that was supported by the founding fathers.

If the nation is to have universal education, school programs that are adequate and appropriate to meet the educational needs of all children must be provided. Teachers have for generations recognized that children differ and have said repeatedly "no two are alike," but all too often no changes were made to meet the varying needs of children. In practice, it was expected that every child should complete the same number of pages in textbooks, that all should come out at the end of the year having learned the same number of facts. With the introduction of achievement tests, some teachers found great satisfaction in bringing the class up to the national average, or the median score, as shown in the teacher's manual. Too many found a fetish that enabled them to show the children's parents that a high standard of excellency was being maintained in the classroom. They overlooked Johnny and Mary in the class who could not achieve in a traditional high school course prerequisite to college entrance.

Since the turn of the century, teachers and administrators have been attempting to do more for the slow learner and the mentally retarded. Many of their early efforts were motivated by a sincere desire to meet the individual differences of children. Some of their procedures did not work so well but they tried. Many school systems have attempted to remove the stigma from branding children "slow learners" or "mentally retarded" by calling the special class an "opportunity class." During the 1930's, many of these classes disappeared from the public schools. Probably for two primary reasons, one of these being the lack of screening of children for class placement. Oversized problem boys were placed in a high percentage of these classes, while girls who were mentally retarded remained in regular classrooms because they did not present behavior problems. School personnel and parents alike became dissatisfied with the classes and realized that they had not found the solution as to the best educational opportunity for their children.

A second factor affecting the attitude of school administrators and teachers toward special classes resulted from the number of state-wide curriculum improvement studies that were made. Teachers taking summer graduate courses at certain universities became indoctrinated with the idea that if you organize the work of the classroom properly it is not necessary to put retarded children in special classes.

For a number of years (during the 1930's and 40's), special education programs for the mentally retarded consisted largely of placing in the regular classroom some hand tools for boys, a hot plate and sewing table and perhaps a machine for girls. During certain periods of the day the slow learning children used the materials and equipment that had been provided especially for them.

The research activities, referred to in Dr. Orville Johnson's study, and vigorous action by parents of retarded children resulted in the organization of new school programs for mentally retarded children on a large scale, beginning about 1950.

All of the states that did not have special education staff in state departments of education, have added one or more persons in this area. Many of the states have large numbers of well trained people serving as administrators or supervisors of special education programs.

Local school systems have expanded their programs beyond anything that might have been expected five or ten years ago. Largely as a result of the efforts of parents, classes for "trainable" mentally retarded children are now an integral part of the local special education program. They are frequently housed in regular elementary schools. In some instances, a number of classes are housed together in a special school for "trainables."

There are many factors that have led to the stability of special classes and enhanced the value of a special curriculum in preparing mentally retarded children for useful citizenship. Teachers are better prepared and psychological services, though scarce, are available. The techniques for screening children for class placement have been greatly improved.

It is now recognized that class placement should be made on the combined judgment of a team of professionals rather than upon the simple observations of a parent, the teacher, or by any one person. This has led to the use of the team approach in many localities. The psychologist prepares the results of his testing and supplies information as to his observations of the individual during the testing. The medical person, in some instances a pediatrician, gives the benefit of his examinations and observations of the child. The school social worker makes a contribution as to the home conditions and community influences affecting the boy or girl being considered for placement. The teacher and the principal supply factual data and personal evaluations concerning the school work experiences, if any, in which the child has engaged. It is recognized that even when placement is made by the team approach, it is not possible to make an accurate prognosis as to how well the child will achieve in a special class, or how well he may adjust in a vocation or the contribution to community life, after leaving the school. There is always the possibility, however, of some latent or special ability being discovered which may be a great force in motivating the child to utilize his abilities fully.

With the emerging of newer concepts in services to mentally retarded children more attention is being given to the importance of good administrative and supervisory services. Just prior to 1956, the Office of Education conducted an extensive study entitled "Qualification and Preparation of Teachers of Exceptional Children." Out of this grew the publication of a number of bulletins concerning various areas of special education. One of them, Bulletin 1956, No. 6, is entitled "Special Education Personnel in State Departments of Education." It deals with the competencies needed by state directors and specialists, the functions that they are to perform and what the teachers and localities expect of them.

The information reported was the result of exploratory studies which had attempted to identify and describe the competencies, experiences, and professional preparation which contribute to the success of directors and specialists in state departments of education. The facts and opinions used as the basis of the report were contributed by 102 directors and specialists in state departments of education, 153 directors and supervisors in local school systems, 259 staff members in colleges and universities, 1,079 successful teachers in ten areas of exceptionality and a ten member committee of experts in this field.

Probably the most important role of administrators at the state level is that of providing leadership. The good administrator will use the ideas and opinions of members of his staff and those of local administrators and classroom teachers in formulating plans and policies. He should work for the expansion and improvement of the state-wide program so as to create a desire on the part of local school personnel to comply with state policies rather than to have them enforced by regulations. Of course, the time may come in the experience of an administrator when it will be necessary to enforce the minimum requirements of regulations that are attached to the distribution of state funds.

The state has the responsibility for financing a good school program for mentally retarded children just as it does for all children. The distribution of tax funds may be fixed by law or may be administratively controlled through broad legislation granting to the policy-making board its discretion in the use of the funds. Usually appropriations are a line item entitled "Special Education."

Just as statutes and regulations differ between states, there is a wide difference in the formulae for distributing funds. Some states guarantee the excess cost of educating a mentally retarded child. Some distribute funds on a per pupil basis, others on the basis of the number of teaching units, while some may provide the entire cost of teachers' salaries and allow some additional money for materials and supplies. The amount that finally reaches the class usually is contingent upon minimum and maximum numbers of children enrolled in the class. The maximum number permitted in a class for trainable children is somewhat smaller than that permitted for educable children.

State Director

The state administrator carries the responsibility of keeping the Chief State School Officer informed as to the achievements of the special education program and future needs as related to state appropriations. He prepares the annual or biennial budget and defends it before the proper authority for presentation to the legislature. In some states, the special education budget is presented to the Chief State School Officer for inclusion in the overall budget of the state board of education. In other states, it may be presented directly to the board of education. In some states the director deals directly with the appropriation committees of the legislatures.

It is the practice in certain states for appropriations to be made annually, in others appropriations are on a biennial basis. In either event, it becomes necessary for the special education budget to be prepared one or two years in advance of the time that the appropriation will become effective. This calls for good long-range planning based upon facts collected on the need for expansion of the present programs, the initiation of new programs, and pilot programs that involve innovations.

In addition to carrying responsibility for administering financial affairs, the state director has a multiplicity of other duties. As indicated previously, his primary role is that of giving dynamic leadership to an on-going state-wide program for children with handicapping conditions. Specific duties include:

> Assemblying a state staff of specialists well trained and experienced in various areas included in the state program.
>
> With the cooperation of members of the staff, prepares guidelines as to how each will work in his area of specialty and at the same time, contribute to the overall objectives of the program.
>
> Within the limits of state statutes or regulations promulgated by the state board of education, develop the rules and regulations that govern the operation of programs at the local level. As far as practicable, the state board should encourage local school systems to work within limits of standards and guidelines with latitude granted by the state office to encourage local initiative in adapting school services to the needs of children.
>
> Establish committees to include representatives from the staff of local school systems, teacher-training institutions, and teacher certification authorities, to develop requirements for teacher certification endorsement.
>
> Stimulate colleges and universities to offer a sequence of courses to meet certificate endorsement requirements.
>
> Work with other agencies in informing young people as to the opportunities available in making special education a career.
>
> Set in motion machinery required to secure scholarships

and fellowships for good candidates who offer promise as teachers, supervisors, or administrators in special education.

Provide for the preparation of curriculum guides to assist local school systems in preparing courses of study in the various areas of special education.

State Supervisor and Specialist

Under the supervision of the state director, members of the staff designated as supervisors, consultants and specialists are responsible for consultative services to local administrators, supervisory personnel, principals, and teachers on the improvement of instruction for children with handicapping conditions. Some of their activities are:

Preparation of curriculum guides and other materials for use in the classroom.

Assisting school personnel at the local level in designing functional classrooms.

Assisting at the local level on the selection of equipment, apparatus and teaching materials.

Assisting on class organization appropriate to meet the needs of the children with a particular disability.

Assisting on the preparation of class schedules so as to provide a "good school day."

Working with local school authorities on the organization of staff and services of other agencies in developing the machinery designed to secure proper class placement of individual children; and so as to secure continuous reevaluation.

Local Administrators and Supervisors

Members of the local special education staff holding positions as directors and supervisors carry responsibility under the direction of the superintendent of schools to implement state and local policies in developing an efficient school program for children with handicapping conditions.

Many of their activities and procedures are reflected in statements that have been made concerning administrators and supervisors at the state level.

All that is done at every level, in the way of administration, organization, and financing of programs have one common aim, that of developing school programs that will meet the educational needs of children who require special services as the result of a physical disability, a mental deficiency, an emotional disturbance or social maladjustment. The state and local governments share the responsibility for developing and financing these programs.

SHELTERED AND COOPERATIVE PROGRAM FOR THE MENTALLY RETARDED AS A GUIDE TO "INDEPENDENT LIVING"

by

Arthur Bierman

Rehabilitation has been defined in many ways and by many persons. We have seen the term used in connection with housing, the stock market and other subjects. Our concern here is with the rehabilitation of the mentally retarded. A recent definition of this term, rehabilitation, is as follows:

> Rehabilitation is an individualized process in which the disabled person, professionals, and others, through comprehensive, coordinated, and integrated services, seek to minimize the disability and its handicapping effects and to facilitate the realization of the maximum potential of the individual.[1]

In the case of the mentally retarded or any other severe early or birth-injured individual the environmental conditioning usually results in a broad immaturity due to the general lack of practically oriented experiences. We could better describe the process as habilitation[2] rather than rehabilitation.

The "Vocational Rehabilitation Amendments of 1954," Public Law 565 of the 83rd Congress,[3] enabled the state-federal program to initiate services for the mentally retarded. Direct services to individuals, improvement and expansion funds for facilities, and monies for research and demonstration began with a trickle in 1954. To date the Vocational Rehabilitation Administration program has broadened into a plan of new ideas, methods and patterns of services, with approximately 900 research and demonstration projects. In fiscal 1964 there were a total of 377 ongoing projects of which 72 are in mental retardation and 64 in new patterns of services, leading the list of all types of projects.

In 1964 nearly 120,000 persons were rehabilitated for employment through the state-federal programs. In these results there are two aspects of particular note. One has been an increasing trend among most state VR agencies to accept persons with severe disabilities. The second has been the increased number of mentally retarded clients served. In 1945, the number of mentally retarded reported rehabilitated was 106, and in 1964 the reported number was 7,500.

In the last few years there have been many experimental and trial programs using a variety of approaches, resources and curricula. In the July-August 1964[4] Journal of Rehabilitation in an article entitled, "Providing Full Vocational Opportunities for the Retarded Adolescents and Adults," Dr. Salvatore DiMichael provides an outline of a plan based on a vocational emphasis with the cooperation and planning of the school and rehabilitation agencies. A primary intention of this plan is a flexible accommodation for individual differences.

A rehabilitation resource, that has recently become the subject of concern and confusion in the matrix of services for the handicapped is the "sheltered workshop." In actuality the first sheltered workshop in the United States was established in 1840 in Boston to serve the blind. Today there are approximately 800 in the country with a total daily population of approximately 35,000 persons.

In 1958 the NASWHP, in cooperation with the Department of Health, Education and Welfare, Office of Vocational Rehabilitation, sponsored a series of conferences and planning meetings that have led to the experimental study on "Standards for Sheltered Workshops."[5] The following definitions and concepts are from the standards study.

> A sheltered workshop is a work-oriented rehabilitation facility with controlled environment and individualized vocational goals, which utilizes work experience and related services for assisting the

handicapped person to progress toward normal living and productive vocational status. The three major functions of sheltered workshops are:

1. development of employability for placement in competitive employment;
2. utilization of work for rehabilitation purposes other than employment;
3. provision of extended remunerative employment in the workshop.

The central objective of the sheltered workshop is: To assist the vocationally handicapped person to make such basic adjustments to work as will enable him to achieve optimum vocational rehabilitation and economic sufficiency."

The present daily population of approximately 35,000 handicapped persons in all sheltered workshops represents all disabilities. We can assume therefore that only a small number of the mentally retarded needing vocational rehabilitation services are being served based on the statistics for mental retardation.

A typical program of services in a sheltered workshop for the mentally retarded might include the following phases:

1. screening and admissions
2. evaluation and guidance
3. personal adjustment training
4. vocational training
5. sheltered workshop
6. selective job placement
7. follow-up

The growth of the sheltered workshop concept has its origins and roots in several religious groups, voluntary health agencies, parent sponsored groups and other organized efforts. Examples of these are Goodwill Industries, National Industries for the Blind, National Association for Retarded Children and many others.

The "sheltered workshop" in its efforts to assist the mentally retarded adolescent has many complex and initial issues to be resolved. These issues are:

1. the economics of rehabilitation -- How much does it cost to move the individual from sheltered workshop to employment, or to retain a marginal retardate for an extended period of time in sheltered employment of five (5) years, ten (10) years or a life-time?
2. accreditation -- a system of standards to be adopted for the program, role of sheltered workshop, personnel;
3. role of government in sheltered workshop -- legislation, regulations, supports;
4. role of organized labor;
5. role of work and creation of work opportunity for the handicapped individual; (The present three areas are reclamation, sub-contract and prime manufacture. An ongoing problem of all sheltered workshops is the provision of work and appropriate work to the individual within the sheltered workshop.)
6. automation and its connected issues will affect the handicapped;
7. need for additional facilities; (On May 16, 1965 Dr. Howard Rusk in his column, Need of Rehabilitation, in connection with other disability areas stated, "at least 1,000 more sheltered workshops should be established.")
8. research in sheltered workshops.

These then are but some of the challenges and issues of tomorrow.

I now want to turn to an aspect of the last issue mentioned, that of research. I am presently participating with a professional staff in a most exciting research and demonstration program entitled, "A Cooperative Vocational Pattern for In-School Mentally Retarded Youth."

The two disciplines of special education and vocational rehabilitation have joined forces in this concerted effort. The largest proportion of mental retardation occurs in the educable category. Through the program of special education curricula these children have been prepared for their adjustment into the community. Due to a host of complex reasons many of these children get into social and vocational difficulties. Until recently, with the development of cooperative programs, special education has assumed the major task of this preparation.

On March 1, 1963, the OCEC, a community supported sheltered workshop initiated this project, in cooperation with the Newark Board of Education and the New Jersey Rehabilitation Commission. The project is being conducted under a grant from the Department of Health, Education and Welfare-Vocational Rehabilitation Administration. This project will run for four years, three of which will be used for services.

This school-work project represents an unusually forward and progressive advance in the services to the mentally retarded for two reasons:

1. It introduces a vocational rehabilitation service to the mentally retarded much earlier than was previously possible.
2. It has brought together in a cooperative effort, a progressive school system, a forward looking state VR agency, and a sheltered workshop, all three of which have had many years of experience with the mentally retarded. This was the first project of this nature in the entire country.

The program scope involved in this project include the following:

The Purpose
The Services of the Newark Board of Education
The New Jersey Rehabilitation Commission Role
Project Schematic
Project Advisory Committee
Project Staff
Student Selection Procedure
Student Services
Project Team

Project Services to Students
Team Meetings
Case Reviews
Presentation of Individual Student Background
Case Presentation

We are presently entering the third service year of this project. The research in general will provide many valuable answers to questions in the area of rehabilitation of the mentally retarded. Specifically we will have:

1. an evaluation of the effectiveness of the service program in significantly improving the vocational functioning of the students.
2. an attempt to develop specific vocational tests for the use with retardates.
3. an attempt to use existing test material and assess its value and function in vocational rehabilitation of the mentally retarded.
4. a development of an enriched curriculum for use with this population.
5. subsidiary research efforts to fill other gaps in our knowledge of mental retardation.

The sheltered workshop and the research project reported above are but two of the beacons of hope for independent living for the mentally retarded.

FOOTNOTES

[1] NRA Professional Standards and Relationships Committee, Chairman Dr. B. Thomason, NRA Newsletter, Vol. 20, No. 2, April, 1965.

[2] Whitehouse, Frederick, Ed.D. "Cerebral Palsy and Vocational Rehabilitation," Cerebral Palsy Review, July, 1963.

[3] P. L. 565 of the 83rd Congress, "Vocational Rehabilitation Amendments," U. S. Congress.

[4] DiMichael, Salvatore, Ph.D. "Providing Full Vocational Opportunities for Retarded Adolescents and Adults," Journal of Rehabilitation, July-August, 1964.

[5] Thompson, Nellie, Ed.D. "National Institute on Workshop Standards," Experimental Evaluation Instrument Based on Standards for Sheltered Workshops, June, 1960.

REHABILITATION PROBLEMS OF THE MENTALLY RETARDED

by
Herbert Rusalem

Introduction

As special education steps up its services to the mentally retarded, increasing numbers of such students become available for entry into responsible adult living. Thus, both special educators and rehabilitation counselors are confronted by the challenge of habilitating mentally retarded individuals so that they may function effectively in employment, social relationships, and citizenship activities. As a result of the cooperative efforts of the schools and rehabilitation agencies, effective habilitation programs are being developed through which this goal may be more readily achieved. At their best, habilitation programs are adapted to the special problems of the retarded and provide those services which enable the retardate to cope most successfully with his limitations. As a consequence, it is essential for professional workers in the field of retardation to be aware of the major barriers which interpose themselves between retarded individuals and the attainment of essential life goals.

The Major Problem Areas

1. Environmental Incongruity

American society is engineered for the dominant group in that society -- i.e., those within the normal range of intelligence. Individuals in the majority group find the American environment congenial; others find it a difficult setting. For the retarded, it is like living in an alien land, in a world not of their making, a world unsuited to their special abilities and problems. As a consequence, the American environment often relates to the retarded individual through:

a. demanding stimulus and response discriminations which are too fine for the retarded;
b. calling for social judgments which are too complex;
c. encouraging them to adopt a "getting ahead" orientation while denying them opportunities to do so;
d. structuring the world of work so that many jobs demand levels of intellectual functioning beyond their capacities;
e. involving them in work situations which give little consideration to their special capacities and limitations.

2. Distorted Social Perceptions

Rather than perceiving the retarded individual as an individual on his own merits, participants in the world of work tend to assign class characteristics to him. Once he is perceived as retarded, the student loses his uniqueness and becomes a member of a perceived group which has unfavorable traits assigned to it arbitrarily and erroneously. Thus, without actually having one or more of these traits, he may be seen as stubborn, untrustworthy, combative, silly, etc.

As a consequence of this stereotyping, the retarded individual may be forced into a mold which prescribes unfavorable roles for him. Thus, as a victim of low status and demeaning assignments, he may be compelled to conform to society's expectations of him and, accordingly, content himself with an inferior position.

3. Millieu of Failure

A history of failure in school, home, and community influences the retarded individual's capacity to deal with present challenges. If he has suffered defeat after defeat in many areas, his attitudes toward present and future accomplishments will be less than optimistic. In reality, the retarded person is likely to encounter a succession of defeats which he must face with minimal support from the human environment. The consequences of having lived in a millieu of failure for such a lengthy period manifest themselves in limited motivation, expectation of additional failure, fear of the unknown, withdrawal from coping activities, and loss of faith in the ability of society to meet his needs. This pattern of avoidance of possible additional sources of failure is often regarded by uninformed members of society as evidence of shiftlessness, apathy, and lack of interest.

4. Inappropriate Reinforcers

Operant conditioning theorists suggest that behavior is shaped by the consequences of behavior. Thus, these behaviors which are reinforced (or rewarded) tend to persist in our repertoire and those which are unreinforced tend to be extinguished. Owing to parental and other attitudes toward the retarded, reinforcement is often provided to the retarded for behaviors that reflect dependency, immaturity, low achievement, and low capacity. Expecting little from the retarded person, we tend to reinforce him for fitting the stereotype of helplessness rather than for trying to achieve and to excel. As a result, immature and inappropriate behaviors may become fixed in the retarded student's personality structure adding unnecessarily to his limitations. This pattern is repeated in those schools which expect little from the retarded child and, thus, reinforce low levels of attainment rather than demanding full exertion of his capacities in the academic and social realm. As an outgrowth of this minimal stimulus to growth, large numbers of retarded students may emerge into the world of work socially immature and unable to adjust to the demands of daily living in competitive industry.

5. Limited Adaptive Mechanisms

Current American society is a dynamic changing structure which demands high levels of adaptability, learning ability, and skill. Conditions are changing so rapidly that adjustments which are currently appropriate may be expected to be inappropriate five years from now. Indeed, changes in technology are occurring with such rapidity that occupational skills are in constant danger of becoming obsolete. In response to these mounting requirements of adaptability, the retarded individual is likely to suffer disadvantages. Change, re-orientation, and re-training may come to him with greater difficulty.

The Role of Rehabilitation

Rehabilitation (or habilitation) is based upon certain fundamental assumptions:

1. Retardation puts the individual at a disadvantage in American society.
2. The retarded individual is incapable of overcoming this disadvantage with his own resources.
3. Thus, if left to their own devices, a large proportion of retarded persons may be expected to experience failure.
4. Habilitation techniques are available through which much of this failure can be averted.
5. It is generally accepted today that both the public and the private sectors of American society have a responsibility for assisting the retarded person to avert failure.
6. The most effective tool for accomplishing this is a multi-disciplinary, multi-faceted program of varied services keyed to the individual needs of each retarded person.
7. If he uses these services properly, the retarded individual is likely to make greater use of his potentialities and attain a greater degree of success and personal gratification.
8. Since individual capacities vary, the habilitation goals will differ for each individual, ranging from complete independence for some to sheltered living and work for others.

In summary, habilitation services functioning in five major areas, medical, educational, vocational, social, and psychological, are combined into an organic unified habilitation program designed to offset the deprivation suffered by the retarded and to overcome the problem areas listed earlier in this paper.

Overcoming the Limitations

Habilitation overcomes the major limitations of mental retardation through employing the following approaches:

1. Environmental Incongruity

Through taking the initiative to re-shape the environment, e.g., interesting employers in restructuring jobs so that they are broken into simpler work elements, re-evaluating jobs so that unrealistic academic and literacy requirements are revised, providing special work environments in sheltered industry designed expressly for retarded individuals, and developing special living arrangements, e.g. foster homes, special residences, etc. where these are needed.

2. Distorted Social Perceptions

Through integrating as many retarded persons as possible into community-wide activities, thus reducing strangeness and unreal perceptions of retardation, using mass media of communication to correct false images of the retarded, doing individual missionary work in the community to influence attitudes in a positive sense, and sharing in all movements in American life which stress acceptance of the individual regardless of class, color, faith, or national origin.

3. Millieu of Failure

Through insuring success for the retarded in an atmosphere of warmth, understanding, and concern. Even merely accepting the retarded individual for habilitation service communicates to him our belief in his potentialities and supports those aspects of him which are reaching out for increased independence. An essential element in reducing the impact of a history of failure is the use of money to reinforce the retarded in his positive achievements.

4. Inappropriate Reinforcers

Through the judicious use of praise, material reward for effort, providing progressively responsible assignments, involving the retarded person in setting meaningful goals, and rewarding progress with advances toward ultimate employment and independent living, we use appropriate reinforces in habilitation that mold student behavior in accordance with socially acceptable standards.

5. Limited Adaptive Mechanisms

Through providing, in addition to specific skills, adaptive behaviors which can meet new conditions as they occur. This suggests the avoidance of rigidly established behavior patterns which are overlearned and fail to yield to the needs of a rapidly changing world. Since change is the hallmark of current and, probably, future life in America, it is suggested that some mentally retarded individuals may require long-term counseling and follow-up extending into their middle and even late adult years.

Consequences of Habilitation

Sound habilitation programs often result in the following achievements:

1. An unprecedented proportion of retardates are prepared for, and function successfully in, unsheltered work and living.
2. Institutionalization becomes the preferred plan for a small minority of retardates with highly complex problems.
3. Acceptance of the retarded in society grows.
4. Faith in the rehabilitation potential of the retarded group becomes almost universally acknowledged.
5. The sense of difference felt by retarded and non-retarded individuals lessens significantly.

PART II

SEMINARS

SUMMARY OF SEMINAR ON FEDERAL LEGISLATION AND REALISTIC CURRICULUM PLANNING

Directors: Dr. Stanley Jackson
Mr. James Tompkens

Seminar Group I: The Impact of Federal Legislation on Programs of Development for the Mentally Retarded.

Seminar Group III: Introduction of Realistic Curriculum Offerings Implemented by Modern Techniques in Teaching the Mentally Retarded.

Dr. Stanley Jackson, Director of the combined Seminar groups, in his preliminary introduction to the resume of the Seminar stated that our first step in working together was to find out the problems and concerns of the group members. Each member of the seminar presented the problem he had brought to the workshop. Compiling this list of problems resulted in the grouping of six major areas of concern. They were:

1. Facilities, equipment and supplies for the mentally retarded
2. The Instructional Program
3. Teacher Planning
4. Organization of Classes
5. Discipline
6. School-Community relations

It was decided, after selecting the six major areas of study, to divide the rather large seminar group into four sub-groups for intensive study of one of these areas each day. In this way each member had an opportunity to contribute to the solution of each problem and in turn was helped by the shared experiences of others.

In addition, curriculum materials gathered from each of the fifty states were distributed each day to assist the groups in their deliberations. Free materials pertaining to the curriculum for the mentally retarded were also given to the participants. These materials gave in detail realistic programs for the retarded as well as modern techniques for teaching.

The outstanding results of this intensive Workshop can be stated as follows:

It was agreed that the curriculum should be child-centered; that each child develop his powers to the fullest; that each child be able to handle successfully as many problems of living as possible, and that the subject matter of the curriculum should be social learning, and social understandings for independent living.

Dr. Jackson then introduced Sister Mary Barbara, the acting secretary of the seminar, who delivered the resumé of the discussions.

Sister Barbara began by presenting the following guides which Dr. Jackson suggested to the group as an aim to strengthen one's frame of reference:

1. The mentally retarded are entitled to opportunities for maximum development.
2. The integrity of the family is to be preserved as far as possible. The director mentioned here that no matter how severely handicapped a child may be, he should remain with the family, at least during the formative years, in order that he receive all the love and attention for which he craves.
3. The state and the community should plan for the mentally retarded.
4. The mentally retarded population is decidedly heterogeneous in composition and requires special attention.
5. A comprehensive program designed to meet the needs of the mentally retarded should be linked.
6. Multiple needs of the mentally retarded require the team approach for the betterment of these children.
7. We must realize that we give priority to things that are needed most.

8. Give emphasis to services which are available during the formative years.
9. The success of any one aspect depends on the presence of others. No one program is sufficient of itself.

Dr. Jackson also made mention of Thomas Hopkins' book -- The Emerging Self, and Pearl Buck's books -- The Gifts They Bring, and The Child Never Grew.

In their discussion on "The Organization of Classes," the groups considered such factors as:

1. Admission
2. Testing
3. Age
4. Class arrangement
5. Subjects
6. Size of class

The participants concluded that the foregoing would be the ideal set-up, whether included in the structure of a regular school or in a school isolated within its own confines, such as the members of this workshop have seen at the Lt. Joseph P. Kennedy Institute.

The exchange of ideas on "Teacher Planning" in each sub-group of the seminar involved the following points for future consideration:

1. That it would be most practical to plan one's own curriculum within the framework of an established curriculum.
2. Plan for a week, but with the understanding that this must be very flexible from day to day.
3. Work with groups within the group to allow time for individual teaching.
4. Prepare the visual aids which will be utilized for instruction.
5. Provide diversion -- physical exercise, music, etc., to release tension.
6. The teacher must set the goals for each individual

child.

7. Field trips are a necessity, especially when related to the unit.
8. Plan to give home assignments in order to put the child on the same plane as brother or sister.
9. In planning, the teacher must begin with concrete teaching before advancing to the abstract.
10. Whenever possible, allow the children to be integrated with the normal children because they must be identified with them.
11. Individual praise should be given when the occasion permits.

The group terminated with the thought that no matter how well organized or systematic a teacher's planning may be, the teaching will be ineffective unless there permeates a spirit of love and understanding. The child must feel the need of acceptance before any learning is fruitful.

Mrs. Hughes, a member of the group, related her experience in the use of the Phono-Visual Materials. She explained that the method is based on the use of pictorial charts arranged on a scientific phonetic foundation, along with a definite plan for training in auditory and visual discrimination.

Mrs. Hughes further explained that the method is a development, not a substitute. It is valuable in connection with sight reading, simplifies the teaching of spelling, and offers the classroom teacher a scientific means of improving the speech of all the pupils.

In conclusion, Mrs. Hughes stated that a good teacher makes constant use of questions and devices which require the class to "read and find out" the meaning of sentences and stories.

Another participant, Mrs. Howe, elaborated on her method in teaching reading. She told the group that her aim was to stress independent thinking, the use of initiative, providing for constant challenge, and the development of enthusiasm for new word perception.

Mrs. Howe further explained that she uses the Scott, Foresman Reader and also devises her own charts and worksheets.

To provide more practice and assistance for her slow group, Mrs. Howe presented to the participants the workbook which she had devised, and which Dr. Robert Steppe of the University of Nebraska had highly commended for publication.

In the course of discussion on reading, the group members suggested some of the following points:

1. Reading should be taught in the morning and then correlated with other subjects and activities.
2. Reading Readiness is important for very young children. When used with older groups it should be referred to as the Visual-Perception program.
3. The reading readiness textbooks that are available on the market are too difficult for the mentally retarded.
4. The Weekly Reader was suggested, but it is not widely used because of individual differences within the group.
5. The Controlled Reader -- a machine device which provides a filmstrip approach from reading readiness to college level.

The concluding remark of the discussion was based on the fact that "to read is to be able to interpret in terms of expression. No reading is done unless one comprehends, and comprehension is not possible unless there is some meaning for the reader in terms of his experience."

Mr. James Tompkins, Co-Director of the Seminar, contributed to the group discussion on "Discipline" in his lecture on "Techniques for Behavioral Management," wherein he reminded the participants of the deepening need for better understanding in handling behavior problems.

Mr. Tompkins then pointed out the four major alternatives of Dr. Fritz Redl in dealing with problems:

1. Permitting behavior -- it should be made clear to the child what he is permitted to do, and hence, will not meet with disapproval.
2. Tolerating behavior -- much classroom behavior is to be tolerated, but the child must not reason that the

teacher sanctions it.

3. Intervention -- It is the task of the teacher to find ways of interfering with unruliness so that it does not disrupt the group greatly, but may be helpful to the particular child.

   Mr. Tompkins stated here that Redl and Wineman in their book, The Aggressive Child, list twenty-one specific influence techniques that they have identified in their work with aggressive boys.

4. Preventive Planning -- Here at times disruptive behavior can be avoided by developing a better school and classroom procedure. Perhaps the school program is inadequate.

This summarizes to some extent the avid presentation of Mr. Tompkins' lecture.

It is sincerely hoped that this summation of our seminar discussions under the leadership of Dr. Stanley Jackson, Director, will arouse an ever-deepening concern for giving what is the best in us to God's "handicapped" children.

SUMMARY OF SEMINAR ON NEWER CONCEPTS IN MENTAL RETARDATION

Director: Dr. E. Paul Benoit

We cannot speak of newer concepts without relating to and being concerned with the older concepts. Newer concepts grow out of the old concepts.

During this Workshop on Mental Retardation we have listened to men, outstanding in the field of medicine and medical research, discuss the advances in the field of cytogenetics and metabolic disorders. We have become more aware of the studies and investigation pursued by scientific minds.

As teachers (for the most part) we must have an awareness and an appreciation of the medical aspect of mental retardation. The diagnostician, the clinician, the doctor are an integral part of the total picture of the problem. Although we may not be extremely kariotype-conscious, may not be fully conversant on the inborn errors of metabolism, and may not easily recognize Hurler's syndrome or the Speilmyer-Vogt syndrome, yet we must endeavor to increase our store of knowledge. We must always be prepared for an exchange of specific knowledge and an inter-disciplinary working together when the opportunity is present.

The mentally retarded child usually meets the medical expert before the educator. Most youngsters are identified and diagnosed at a very early age and, as a result, much is known of their history before they reach the educational facility.

The initial contact of the Director, Principal or other professional worker with the parents of the handicapped youngster is a very important meeting. Teachers, too, in their cooperation with the parents must maintain a very realistic attitude and approach the problem with tactful objectivity. Please do not resort to pious cliches and tell the parents that a retarded child -- their retarded child -- is a great blessing from God. Perhaps the child may betoken a blessing but he is also a cross -- a very real problem to his parents. Some parents may admit this, some parents may not. Such an admission in no way diminishes the love parents feel for the youngster.

We must feel for, and with these parents as they strive to cope with their emotions that are often so deeply involved. So many times we mistakenly think that the child stands in isolation with his problem, but he cannot because a family unit is ONE and one member cannot be affected without the other members being affected also. The family needs counseling and this counseling must come from someone who has deep understanding of people, sympathy with their problems, and a love derived from the Divine Love, because truly we are our brother's keeper!

Curriculum for the mentally handicapped will not be summarized here because that summary has already been given.

However, we should consider the atmosphere that must surround the children. This atmosphere is not only in the classroom but must pervade the dining room, the recreation area, the dormitories (if the school be residential) and the halls.

The atmosphere should be so filled with love and acceptance that the most handicapped child cannot fail to respond even if it be so little. Love does not tolerate permissiveness and indulgence which can be crippling to the child. Rather, love evokes what the child can best produce, without tension and restraint. Discipline and structure will be the tools love will employ to guide the child to achieve that of which he is capable.

The atmosphere in the classroom will be dependent on the teacher and for this reason it is vitally important that his mental health be guarded most carefully.

The needs of the teacher must be taken into consideration when he is working in the classroom. The director or principal should try to provide adequate tools and supplies if the teacher is to accomplish what has been outlined for him. I would like to inject here my thoughts about the Perry School (while we are discussing visual aids). The teachers we met the day of our visit there were a source of edification and I am still marvelling at their dedication to the children under their care. In the classrooms they were achieving a beautiful response from the youngsters and yet there was scarcely a visual aid in sight. They almost seemed to be working under a handicap and still, there were results -- tremendous results. I shall long remember Perry School with its devoted principal and teachers.

Adequate tools and aids may be one means of helping the morale of teachers but there are other considerations to be kept in mind also. Each teacher should contribute to the mental health of the group through willing cooperation and exchange and, even more basically, through consideration of other staff members.

Insofar as possible there should be a sort of camaraderie and each staff member should be made to feel that he is an integral part and wanted-member of the team. If we do not strive for the ideal we shall fall short.

In an overall program for the retarded there must be thought given to the older handicapped individual which necessitates the setting up of a rehabilitation program. Vocational rehabilitation will be discussed in the summary following this one, so we shall not give it consideration here.

A residential facility for the mentally retarded must be a dynamic influence in the community in which it is situated whether that community be rural or urban.

Dynamic facility-functioning can be initiated and sustained by various devices and, most of all, varied planning, again depending on the locale.

Short term students, of necessity educable or highly trainable, properly motivated and stimulated with realistic training and rehabilitation make for rapid egress and thus hinders the school from reaching a plateau of non-productivity and stagnation.

A school, to be dynamic, must grow and develop, not only in one area, but in all areas that constitute a multi-discipline approach to mental retardation. Education must witness the inception and development of research, both medical and behavioral, the planning and administering of out-patient services and the institution of vocational rehabilitation programs. We must beware of standing still. We must always be going somewhere, mostly ahead.

Another facet of a good, smoothly functioning program is a provision to promote public awareness of the problem of mental retardation. It seems extremely essential to evoke not just sympathy from people in the community but, even better, to awaken a genuine understanding, not so much of retardation as some rather abstract term, but rather understanding and real acceptance of the person, whether child or adult, who somehow bears, unfortunately, the stigma and the label.

SUMMARY OF SEMINAR ON REHABILITATION

Director: Dr. Richard Acciavati

Vocational Rehabilitation had its beginning in 1918 under the Smith-Sears Veterans' Rehabilitation Act.[1] This was a tremendous movement, but was restricted to the physically disabled. Even at that period, when it was well known that mentally deficient persons were a part of our civilization and had been since its very beginning, no consideration was given them. It wasn't until the enactment of Public Law 113, in 1943, that the mentally retarded became eligible for vocational rehabilitation services on the same basis as other disabled persons. Much more drive and power were given to this area with the inception of the National Association for Retarded Children in 1950. This organization of parents and citizens was resolved to form a private national group to further the welfare of the retarded.

Since 1943 there has been a constant and gradual growth in vocational rehabilitation. In the period of 1945-1950, a total of 2,091 mentally retarded individuals were rehabilitated into gainful employment. Each following period saw greater progress and in 1958 alone 1,250 mentally retarded persons were successfully adjusted in a working situation.[2]

Does this mean that we have solved the tremendous national problem of mental retardation? By all means not, the above is but a drop in the bucket when we consider that 3 percent of the school population are mentally retarded. In other words, we are meeting the needs of only 15 percent to 20 percent of the retarded.[3]

We are faced today with the knowledge that some retarded persons have not even been identified. Early identification is a crucial step in preventing complete maladjustment. Even with identification it is a mistaken notion to believe that the vocational rehabilitation center can satisfy all the unmet needs of a mentally retarded child to enable him to make an adequate adjustment to life.

Of what should the rehabilitation of retarded youth consist? The answer to this question came as follows. The everyday classroom must take on the redevelopment of the child's personality. "Desensitizing" him for better interpersonal relationships. Also the teacher should match up the child's likes and dislikes, building up adjustment accordingly. Attitudes should be built up to meet the needs of the particular job. Here we can say that occupational preference is very much dependent on the values placed on the particular job. Regardless of handicaps the person is taught how to live in society, work in society, and finally then to appreciate society. The main point of classroom rehabilitation is to give the child a better concept of himself, thus becoming a socialized individual.

Some newer concepts of Mental Retardation as advanced through research in Medicine, Psychology, Education and Rehabilitation, can be considered as major steps toward prevention of Mental Retardation. Federal law backing up these newer concepts recommends a marked increase of funds for the fiscal year of 1965-66. New legislation permits a growth in research programs that will demonstrate specialized services for the diagnosis, treatment, education, training and care of mentally retarded children, including retarded children with physical handicaps. It further provides resources for the clinical training of physicians and other specialized personnel needed for research, diagnosis, training and care.

The following is an outlined picture of rehabilitation as seen by a Vocational Rehabilitation Specialist.

Rehabilitation Diagram

Diagnosis- Organic or functional problem.	Treatment- Clinical Psychological evaluation.	Social Service- Specialized area	Vocational evaluation-testing	Placement -College, Business or trade. etc.

One most important outlook needed is that of confidentiality.

It is the basic contention today that rehabilitation of the mentally retarded person must begin simultaneously with the discovery of his mental disability. Every area of concern is beginning to place much emphasis on early instruction in the essential tenets of group living and harmony, all adaptive to good adjustment in later life. Legislators see the need to appropriate funds for Head-Start Projects in order to begin early enough to rehabilitate the retarded.[4]

Basic concepts have to broaden and take on more appropriate meanings in lieu of aiding the flow of communication through the different disciplines. Professional forces have come to see that they must join hands in a common effort to help the retarded. Pigeon-holing, aids no one, much less the mentally retarded. Society cannot be made to accept a responsibility for the mentally retarded if communication is not clear and concise. In our society it is the duty of all to have a brotherly concern for all men, but this must be supported by a clear knowledge and understanding of the problem. Public acceptance is the very basis of financial and moral support for the efforts put forth for the mentally retarded.[5]

Educators have become increasingly aware of the need to alter and change methods and approaches to learning. More and more emphasis is being placed on learning to live, to get along and to find one's place in life. A self evaluation process begins to enfold in the child's mind and he begins to see he has a personal worth and is a very vital part of society.[6]

Even the dimensions of the special classroom extend far beyond its four walls, and the teacher of the mental retardate needs to be a teacher of the community as well as the child. The community and the retardate must be prepared for each other. Can we leave this to the vocational rehabilitation center and its counselors?

If we agree that rehabilitation includes in its definition physical restoration, training, and selective job placement, we can readily see that all legislation directed toward the designing of programs to assist the mentally retarded will have at least indirect bearing upon the rehabilitation of the mentally retarded.

In providing rehabilitation facilities for the mentally retarded we are not only helping the unfortunate individuals themselves, but society as a whole.

Economically speaking, many physically and mentally handicapped people possessing work potential could reduce the cost of care to the public as well as maintain their complete or partial sustenance through a proper program of education and rehabilitation. The true goal of education or rehabilitation of handicapped persons is to help the individual realize his potential. Even the more severely handicapped can gain in terms of realizing his human dignity and worth in terms of useful employment and his contribution to society.

Although we are still a long way from our goal, it is certainly gratifying to note the rapid progress that has been made during the last decade in the training and rehabilitation of the mentally retarded, most of which has been made possible through Federal legislation.

The President's Panel set forth in detail how vocational rehabilitation services for retarded youths could be expanded through special federal expansion grants under the federal-state vocational rehabilitation program. New facilities including sheltered workshops for those capable of preparing for productive employment, and activity centers for those who could profit by that type of facility, were organized throughout the country.

Neither education nor special rehabilitation procedures furnish the complete answer to employment of the retarded. New knowledge and new techniques are needed, for over 25 percent of those coming out of the special classes still cannot be placed. Today, almost every state has a special demonstration service or training project in mental retardation as a part of its maternal and child health service program.

Community projects are gradually recognizing the need to raise the standards of each individual society. Thus the phrase, "The Untidy Society" can be catalogued as past history in the annals of each community, changing the general belief towards the cause and effect, and thus improving the society enabling the retarded to become a qualified member able to make his personal contribution.

CHAPTER II

The answer for better and more adequate rehabilitation lies in two main areas, namely, education and rehabilitation. It has been so aptly ordered out in the 1965 Workshop on Mental Retardation in its various Seminars on Legislation, Newer Concepts, Realistic Curriculum Offerings and Rehabilitation. Each of these seminars very definitely pointed out earlier detection and work with mentally retarded, coupled with maximum use of Federal money and more team work, as essential for better understanding.

However, the answer to better rehabilitation was very forcefully pinpointed in Dr. Richard Acciavati's seminar whose theme was Coordination and Supervision of a Program of Independent Living for the Mentally Retarded Through Interdisciplinary Efforts of Education and Rehabilitation. Vocational Rehabilitation Counselors and Directors are becoming ever more aware that preparation for life adjustment cannot begin to bloom in their hands and workshops. This dependency on workshops and rehabilitation workers has seen and felt the pitfalls of total dependence on them.

Preparation for life with the normal person, though not always properly given, can generally meet the so called minimal requirements for life adjustment without too much ado.

However, the poor mentally retarded person suffers, and very keenly so, from lack of good teaching, poor environment, limited experiences, little understanding, and above all deprivation of a wholesome normal intellect. This does not mean that the normal person does not need good teaching, etc., but the point here is that a normal individual can manage in most cases to adjust in spite of some unhealthy experiences, whereas, the mentally retarded cannot.

A good mind is like a good arm or a good heart, no credit to the creature, but a gift from Our Creator. It would seem that with so many more gifted persons as opposed to the non-gifted ones, society would be more concerned. Often times deprivation of a sense makes a person appreciate and understand the plight of a handicapped person. However, deprivation cannot be expected to be the means of alerting society to an understanding of the retarded and his needs. Education plays a vital role. Persons have to be taught the various ramifications of a society's responsibility to its retarded brothers and sisters.

The most elaborate educational program will be ineffective unless provisions are made to interpret the program to those whose understanding and cooperation are vital to the adjustment of the individual and above this to the community which must extend its resources to this individual.[7]

Oddly enough it has been pointed out that the severely retarded often exhibit a better adjustment than those less severely retarded, since they are not placed in regular grades and expected to achieve at the same level as their peers. The more seriously handicapped are likely to be identified early and the goals set for them are more realistic. Again, how important to discover early the educable retarded before they have learned faulty modes of reaction in response to frequent failure experiences.[8]

Similarly, the Office of Vocational Rehabilitation is interested in finding the retarded person early "so that rehabilitation may begin before he is unduly subjected to the disintegrating effects of idleness and hopelessness."[9]

It is here the impact of early training for life, the main theme of the Workshop, may be restated. It is hoped educators will begin to work in more realistic and meaningful ways with the retarded so they can make their adjustment to life in gainful employment.

It would be ideal if one day the mentally retarded would be so well prepared that Workshops and Rehabilitation Centers could be just an internship and stepping stone to their own special place in society.

CONCLUSION

Although no gigantic step or mountain moving task can be performed by our Workshop, gigantic thoughts and mountain moving desires will urge us to begin, in our own individual ways, to implement all our knowledge in our homes, work and communities.

We no longer can sit around and wait for someone else to take the initiative of research in this most vast area of special education, but must almost breathlessly run to catch up with all the work that must be done.

The mentally retarded will adjust to happy useful lives if society will just lift the cover of indifference from the boiling pot and let the steam out as indication of its readiness to begin its long shunned responsibility.

Unlimited work remains to be done, but sad to say, unlimited work remains to be started. There are areas of our fair nation where mental retardation is still in the dark ages.

Can it be that a nation which is so scientifically advanced that men are walking in space has failed to see there are people who cannot walk on earth because scientifically it is so backward? This is a point to consider. How great a scientific achievement it would be to restore a handicapped person to a happy fruitful life. This would be a shot higher than the moon, it would be a shot to the heavens.

In the home, the school and the community we might very well strive for a goal that is reflected in the following passage of David Klein.[10]

> A sound mind, in a sound body
> in a sound society.

FOOTNOTES

[1] Scott, Allan W., Rehabilitation: A Community Challenge (New York: Wiley & Sons, Inc., 1958), p. 7.

[2] DiMichael, Salvatore G., "Vocational Rehabilitation and the Mentally Retarded: A Statement of Issues," Preparation of Mentally Retarded Youth for Gainful Employment (Washington: Department of HEW, 1959), pp. 10-19.

[3] Milazzo, Tony, Speech - Legislation for the Mentally Retarded, Workshop on Mental Retardation, 1965.

[4] Boggs, Elizabeth, Speech - Legislation for the Mentally Retarded, Workshop on Mental Retardation, June, 1965.

[5] Davens, Edward, Speech - Newer Concepts in Mental Retardation, Workshop on Mental Retardation, June, 1965.

Goldstein, Herbert, Speech - Newer Concepts in Mental Retardation, Workshop on Mental Retardation, June, 1965.

[6] Seaton, Kirk, Speech - Realistic Curriculum Offerings for the Mentally Retarded, Workshop on Mental Retardation, June, 1965.

[7] Erickson, Marion J., The Mentally Retarded Child in the Classroom (New York: The Macmillan Co., 1965), p. 103.

[8] Dunn, Floyd M., Exceptional Children in Schools (New York: Holt, Rinehart and Winston, Inc., 1963), p. 528.

[9] Fraenkel, William A., The Mentally Retarded and Their Vocational Rehabilitation - A Resource Handbook (National Association for Retarded Children, 1961), p. 29.

[10] Klein, David, The Psychology of Personal Adjustment (New York: Henry, Holt & Co., 1949), p. 17.

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APPENDIX

PARTICIPANTS

Miss Mary Alliata
526 Decatur Street, N. W.
Washington, D.C. 20011

Sister Paula Marie
Armstead, F.H.M.
15 West 124th Street
New York, New York

Mr. Bhajan S. Badwal
2536 Massachusetts
Avenue, N. W.
Washington, D.C.

Sister M. Annunciata
Bell, S.C.C.
215 W. Second Street
Chaska, Minnesota

Sister Catherine Marie
Brady, R.S.M.
St. Katherine School
Lancaster and Bowman
Avenue
Philadelphia, Pennsylvania
19151

Miss Virginia G. Brumbaugh
Route #6
Hagerstown, Maryland

Sister Mary Barbara Brys,
O.P.
775 West Drahner Road
Oxford, Michigan 48051

Sister M. Wendeline Burkhard,
O.S.B.
336 E. 16th Street
Covington, Kentucky

Sister Lawrence Marie Clarke,
F.H.M.
15 West 124th Street
New York, New York

Sister Mary Victor Connolly,
R.S.M.
10000 Kentsdale Drive
Potomac, Maryland

Sister M. Gemma Cuccaro,
O.S.B.
303 Church Street
St. Marys, Pennsylvania

Sister Mary Carmel Curtis,
O.S.P.
701 Gun Road
Baltimore, Maryland 21227

Sister M. Joel Custy, R.S.M.
261 South Street
Hyannis, Massachusetts

Sister Mary Benedict Day
11607 Ohio Avenue
Los Angeles, California 90025

Mrs. Mary P. Dietz
9403 Kentstone Drive
Bethesda, Maryland 20034

Miss Mary Linda Dodd
2636 Hillegass Avenue
Berkeley, California

Sister Mary Edward Duffy,
O.P.
84 Mayflower Avenue
New Rochelle, New York

Sister M. Madeline Fischer,
O.S.B.
303 Church Street
St. Marys, Pennsylvania 15857

Sister Mary Athanasius
Flynn, R.S.M.
555 Broadway
Dobbs Ferry, New York

Sister Mary Mildred Gaffney,
R.S.M.
515 Montgomery Avenue
Merion, Montgomery Co.,
Pennsylvania

Miss Anna Goldsmith
300 Arundel Road
Baltimore, Maryland 21225

Mrs. Elizabeth Hilles
Graham
36 Charlcote Place
Baltimore, Maryland 21218

Sister Maureen Hanley, R.S.M.
887 Highland Avenue
Fall River, Massachusetts

Sister Marie Lourdette
Harrold, R.S.M.
887 Highland Avenue
Fall River, Massachusetts
02720

Sister M. Ruth Hentschel,
O.S.F.
2226 Maryland Avenue
Baltimore, Maryland 21218

Sister Albert Maria Hoffer,
S.C.N.
2252 Payne Street
Louisville, Kentucky 40206

Mrs. Gabrielle Marie Howe
207 Hudson Avenue
Takoma Park, Maryland

Mrs. Blandine C. Hughes
4736 Benning Road, S.E., #102
Washington, D. C.

Sister Janice Marie Johnson,
R.S.M.
Lancaster and Bowman Avenue
Philadelphia, Pennsylvania
19151

Sister M. Augustine Kern,
O.S.B.
Benedictine School for Exceptional Children
Ridgely, Maryland 21660

Sister Agnes Loretto
Knebels, S.S.J.
1099 W. Luzerne Street
Philadelphia, Pennsylvania
19140

Sister Mary Fidelia Kobak,
S.S.J.
1860 West 22 Street
Cleveland 13, Ohio

Mrs. Clara McAuliffe
2352 West Gary Road
Montrose, Michigan

Sister Anthony Mary
Mahoney, D.M.
Box 166, Shields Hall
8th & Varnum Streets, N.E.
Washington, D. C.

Sister M. Evodia
Marshfield, O.S.F.
611 Roxford Road South
Syracuse, New York 13208

Sister Alicia Martin, D.C.
St. Vincent School
Drawer V
Santa Barbara, California

Sister M. John Minetta,
S.H.F.
811 Beacon Avenue
Los Angeles, California
90017

Sister M. DeSales Moslowski,
O.S.F.
2226 Maryland Avenue
Baltimore, Maryland 21218

Sister Kathleen Marie Olivera,
S.H.F.
11 Alpine Drive
Piedmont, California

Miss Bertha L. Osekre
2019 2nd Street, N. E.
Washington, D. C.

Mrs. P. Richard Poulin
8601 Manchester Road #520
Silver Spring, Maryland

Mrs. Anne C. Raddatz
1352 California Avenue
Decatur, Illinois 62522

Mrs. Margaret A. Ross
179 Hallmark Drive, West
Fort Worth, Texas 76134

Sister Marie Bernadetta Ryan,
R.S.M.
10000 Kentsdale Drive
Potomac, Maryland

Sister Mary Brian Ryan, R.S.M.
Mount Saint Mary Convent
Burlington, Vermont

Sister Mary Liguori Slawinski,
S.S.J.
1860 West 22nd Street
Cleveland, Ohio 44113

Sister M. Ambrose Sousa, O.S.B.
Benedictine School for Exceptional Children
Ridgely, Maryland 21660

Sister M. Eucharista Stoskus, S.S.C.
Villa Joseph Marie
Holland Road
Newton, Bucks County, Pennsylvania

Sister M. Madonna Tannian, O.S.F.
11600 Kemp Mill Road
Silver Spring, Maryland 20902

Sister Mary Bernadine Ternes, O.S.B.
St. Gertrude's Convent
Cottonwood, Idaho

Sister Mary Bernard Thorndike, F.M.D.C.
6380 Main Street
Williamsville, New York 14221

Sister Damian Marie Van Pelt, C.S.A.C.
1509 Bergenline Avenue
Union City, New Jersey

Sister M. Ricarda Vincent, S.S.J.
1926 West 6th Street
Erie, Pennsylvania

Sister Louise Voorhies, D.C.
Saint Vincent School •
Drawer V
Santa Barbara, California

1961 Workshop:

Speech and Language Therapy with the Brain-Damaged Child (1962)
William T. Daley, Editor.

1964 Workshop:

Speech and Language Therapy with the Cerebral Palsied Child (1965)
William T. Daley, Editor.

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